Wilmslow Road Surgery

Quality Report

Wilmslow Road Medical Centre,
156 Wilmslow Rd,
Manchester
M14 5LQ
Tel: 0161 224 2452
Website: www.wilmslowroadmedicalcentrerusholmecare.co.uk

Date of inspection visit: 13 December 2017
Date of publication: 14/02/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wilmslow Road Surgery on 13 December 2017. We had previously inspected the service in April 2017 where we identified significant concerns, the practice was rated inadequate and placed into special measures. We issued two warning notices for regulation 12 Safe care and treatment and regulation 17 Good governance. In September 2017 we carried out a follow up inspection to review the action the practice had taken in response to the warning notices we issued. That was not a full inspection and did not change the practice rating.

This inspection, on 13 December 2017 was a full comprehensive rating inspection. It was carried out to confirm the practice had implemented their plan to meet the legal requirements in relation to the breaches in regulations we identified at the inspection on 26 April 2017.

Overall the practice is now rated as requires improvement.

Since the last inspection visit in September 2017 we found the practice had continued to work to sustain and implement their action plan to improve the service they provided.

- The practice held weekly team meetings for all staff where permanent agenda items were discussed. The areas discussed each week included significant events, complaints, safeguarding and changes to guidance.
- The system in place to report, investigate and respond to significant events was comprehensive and there was good evidence the provider complied with the Duty of Candour.
- The practice had reviewed its systems to ensure patients were safeguarded from abuse. Staff were trained and there were systems to monitor patients identified at risk of abuse. A carer's register was available.
- The practice had reviewed their systems to ensure patient pathology results were reviewed and responded to quickly. They also ensured that safe systems were in place for patients referred on the two week pathway and those prescribed high risk medicines. There were care plans in place for vulnerable patients and for those assessed as frail.
- A full range of emergency medicines was now available, and regular monitoring checks were undertaken of these, the defibrillator and oxygen. Systems to log and monitor prescription paper were also now in place.

Summary of findings

- Evidence available demonstrated staff were recruited appropriately. Systems to appraise and develop staff skills and abilities had been implemented and feedback from those staff we spoke to felt this was positive and supportive.
- The practice had undergone a comprehensive refurbishment so that it provided a clean bright environment with a comfortable waiting area for patients.
- Comprehensive risk assessments for fire safety and legionella were up to date. Action had been taken to ensure the building minimised the risks associated with Legionella bacteria and improvements had been made in the fire safety arrangements at the practice.
- Governance arrangements to monitor and review the service provided were implemented and these were underpinned with a five year business plan and strategy.
- A comprehensive range of policies and procedures were available which included the Duty of Candour or Being Open policy, Consent and the Mental Capacity Act.
- The practice provided open surgeries four mornings each week.
- Patient feedback from the GP patient survey published in July 2017 showed a deterioration from the previous year results. Patient responses indicated there was a higher level of dissatisfaction with GP and nursing care interactions and access to the service. The practice had taken action to improve patient satisfaction but further work was required.
- The practice website had been updated and this provided up to date information for patients.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to promote and encourage patient uptake of cervical screening.
- Consult with patients to implement effective improvements to increase patient satisfaction with access to the service and the quality of care and treatment provided by clinicians.
- Improve the quality of documentation, so that all clinical audits are recorded to the same standard.

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by the service.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Requires improvement**
Are services well-led?	**Good**

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people	**Requires improvement**
People with long term conditions	**Requires improvement**
Families, children and young people	**Requires improvement**
Working age people (including those recently retired and students)	**Requires improvement**
People whose circumstances may make them vulnerable	**Requires improvement**
People experiencing poor mental health (including people with dementia)	**Requires improvement**

Wilmslow Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Background to Wilmslow Road Surgery

Wilmslow Road Surgery is located at Wilmslow Road Medical Centre, 156 Wilmslow Rd, Manchester M14 5LQ. The practice is part of the NHS Central Manchester Clinical Commissioning Group (CCG) and has approximately 4841 patients. The practice provides services under a General Medical Services contract with NHS England. More information about the practice is available on their website address: www.wilmslowroadmedicalcentrerusholme.co.uk

Information published by Public Health England rates the level of deprivation within the practice population group as level three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The numbers of patients in the different age groups on the GP practice register are generally similar to the average GP practice in England. There are a higher number of patients aged 15 to 44 years. The practice has 54% of its population with a long-standing health condition, which is similar to the England average of 53% but higher than the local average of 50%. Unemployment is higher at 12% compared to the locality 10% and national average of 4%.

The services from Wilmslow Road Surgery are provided from a purpose built building with disabled access and some off street parking. The practice has three consulting rooms and one treatment room.

The service is led by three GP partners (one male, two female) who are supported by a practice manager, a practice nurse, a reception manager, a phlebotomist as well as an administration team including a number of reception and secretarial staff who also cover other duties such as dealing with samples and drafting prescriptions.

The Wilmslow Road Surgery reception is open between 8.00am to 6.30pm on Monday to Friday. Open access or walk in surgeries are offered every morning except Wednesdays. Patients arriving between 9am and 11am are seen on that day. Routine bookable appointments are offered on the afternoons of the open access surgeries. Wednesday surgeries include a mix of telephone consultations, urgent and routine appointments. Extended hours are offered on Tuesday and Thursday evenings between 6.30pm until 8pm.

Telephone consultations and home visits are also provided daily as required.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book appointments and order prescriptions.

Why we carried out this inspection

We undertook a comprehensive inspection of Wilmslow Road Surgery on 25 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated Inadequate for key questions Safe and Well Led, Requires Improvement for key questions Effective and Caring and rated Good for Responsive. This resulted in an Inadequate rating overall

Detailed findings

and the practice was placed into special measures. The full comprehensive report following the inspection from April 2016 can be found by selecting the 'all reports' link for Wilmslow Road Surgery on our website at www.cqc.org.uk.

We undertook a follow up comprehensive inspection of Wilmslow Road Surgery on 13 December 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Good

Are services safe?

Our findings

At our previous inspection on 26 April 2017, we rated the practice as inadequate for providing safe services. We found the practice did not have oversight of patients identified at risk and with a safeguarding plan in place. The practice had not taken action in relation to risk assessments for legionella and fire safety. Some aspects of equipment and medicine management, including monitoring of the defibrillator, oxygen and prescription paper were not sufficient. We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service in September 2017.

This comprehensive inspection on 13 December 2017 demonstrated that the practice had sustained and continued to improve the safety of services it provided. We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse. These had been strengthened since our previous inspection in April 2017. For example:

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff we spoke with were knowledgeable about their role and responsibilities in relation to recognising and responding to potential safeguarding concerns and issues. One GP partner was the safeguarding lead for the practice and comprehensive registers of those patients identified at risk or potential risk were maintained. The practice had carried out an audit to ensure patient records also included information regarding the accompanying adult.
- GPs were trained to child protection or child safeguarding level three. The practice phlebotomist and the agency practice nurse were trained to safeguarding level 2. Staff were also trained in recognising and responding to domestic abuse.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The practice employed a cleaning company. There were cleaning schedules and monitoring systems in place. Risk assessments such as the control of substances hazardous to health were available.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams. At the practice's request the Clinical Commissioning Group (CCG) health protection nurse had visited the practice in November 2017 and the actions identified were completed or almost completed. The practice carried out monthly IPC audits and staff had received up to date training.

Risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety. Action had been taken since the previous inspection to improve the health and safety of the building and equipment.

- The practice had undergone a complete refurbishment including improving the plumbing and fire safety. The building improvements had taken account of the practice's legionella risk assessment (which had been reviewed and updated) and the actions implemented had reduced the risk of legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a health and safety policy available.
- At the previous inspection in April 2017 we found that actions identified in the fire risk assessments had not been actioned. At this inspection the areas identified previously had been addressed and the practice manager kept the fire risk assessment under review.
- The practice carried out regular fire drills. There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Gas and electrical safety certificates were available.

Good

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- There were arrangements for planning and monitoring the number and skill mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis and all were aware of the best practice guidelines.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The practice had taken action since the inspection in April 2017 to ensure all pathology results received by the practice were actioned quickly and systems to monitor two-week wait referrals were implemented to ensure patients received a secondary care appointment quickly.

Safe and appropriate use of medicines

The practice had improved its systems for the appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. Records to demonstrate the receipt and usage prescription stationery were now available. The variety of available medicines to respond to medical emergencies had increased to minimise the risk to patients.
- The practice monitored patients prescribed disease-modifying anti-rheumatic drugs (DMARDs) to ensure shared protocols with secondary care services were in place and patients received the right level of health checks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice worked with local medicine optimisation team to monitor antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks and systems to regularly check these were established. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice monitored the pharmaceutical fridge temperature on a daily basis and took appropriate action when they noted fluctuation in fridge temperatures.

Lessons learned and improvements made

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Significant event investigation forms we viewed contained detailed information.

Good

Are services safe?

- The practice carried out investigations of the significant events identified, and staff confirmed these were discussed at the weekly team meeting. Discussion of significant events was a permanent agenda item. Team meeting minutes demonstrated that staff were kept informed of the outcome of significant event investigations.
- The practice had a policy for the Duty of Candour and evidence was available to show that this policy was followed (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection on 26 April 2017, we rated the practice as requires improvement for providing effective services. We found systems to ensure pathology laboratory results were not checked in a timely manner, recorded care plans were not available and checks to monitor patients referred on the two week pathway were reactive. Policies on consent and the Mental Capacity Act were not available.

This comprehensive inspection on 13 December 2017 demonstrated that the practice had sustained and continued to improve the effectiveness of the services it provided. We rated the practice, and all but one of the population groups as good for providing effective services. The population group 'Working age people (including those recently retired and students)' was rated as requires improvement as further work was required to improve cervical screening.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Patients referred on the two-week wait referral pathway were provided with a printed leaflet to explain what the referral was and what the patient could expect. Logs were maintained of all these referrals and these were reviewed at the weekly staff meeting.
- Prescribing data for the practice for 01 July 2016 to 30 June 2017 showed that the average daily quantity of Hypnotics prescribed per Specific Therapeutic group was lower at 1.06 than the local averages (1.32) but higher than the national average (0.9). (This data is used nationally to analyse practice prescribing and 'hypnotics' are drugs primarily used to induce sleep.)
- Similar data for the prescribing of antibacterial prescription items showed that practice prescribing was comparable to local and national levels; 1.09 compared to 1.06 locally and 0.98 nationally.
- Data for the period 01 July 2015 to 30 June 2016 for specific antibiotic items such as Cephalosporin's or Quinolones showed the practice had a lower rate of prescribing at 3.27% compared to the local average of 4.13% and national average of 4.71%. (Cephalosporin's or Quinolones are broad spectrum antibiotics that can be used when others have failed. It is important that they are used sparingly, to avoid drug-resistant bacteria developing).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided alongside new guidance and alerts. Guidance, updates and advice from the medicine regulatory body was reviewed at the weekly staff meeting and separate logs of these were maintained.

A programme of clinical audit and re-audit was available, although the recording of the audit cycle schedule was lacking in specific detail for some of the clinical audits undertaken. We reviewed two recently completed two cycle audits both of which demonstrated improvements in the quality and safety of the service. These included an audit of the management of heart failure within a primary care setting. The re-audit identified that all patients with a diagnosis had had the appropriate tests and were on the optimum medicine for their condition.

The most recent published QOF results were 94.7% of the total number of points available. This was comparable with the clinical commissioning group (CCG) and national average of 95.5%. The practice had improved their achievement slightly on the previous year's results (2015/16) by 2.7%. The overall exception reporting rate was 3.7% much lower than the local average of 10.8% and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a

Good

Are services effective?

(for example, treatment is effective)

clinical review including a review of medication. We noted that 62 patients over the age of 65 years and 42 patients over the age of 75 had a frailty assessment in place.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Since the last inspection in April 2017, 101 patients, just over 2% of patients over the age of 75 had a care plan in place.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staffs who were responsible for reviews of patients with long term conditions had received specific training.
- Patients with complex long term health care conditions had care and self-management plans in place. For example, 19 patients had a plan in place for the Chronic Obstructive Airways Disease (COAD) and 276 plans were in place for patients with diabetes.
- 82% of patients with hypertension had their blood pressure measured as less than 150/90 mmHg in the preceding 12 months compared to the CCG average of 81% and the England average of 83%. The practice had a lower exception rate at just below 3% compared with local rate of 5% and national rate of 4%.
- The percentage of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 86%, which was above the CCG average of 81%, and the England average of 80%. The practice had a lower rate of exception reporting at 5% compared to the CCG and England average of 13%.
- 71% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG and the England average of 76%. However the practice had a lower rate of exception reporting at 1.5% compared to the CCG and England average 8%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above for all four indicators.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 68%, which was almost 11% below the local average of 79% and 13% below the national average of 81%. Exception reporting (6.5%) was lower than the local average of 12% and slightly below the national average of 6.7%). The practice was aware of the shortfall and was proactively trying to get patients to attend for this cancer screening. The practice was working with the CCG and a charity (Jo's Cervical Cancer Trust) to specifically target women with telephone calls to explain the importance of this screening. Unverified data for this year (April 17- December 17) indicated the practice was making some improvement in raising the numbers attending for this screening to 72%.
- Patients had access to appropriate health assessments and checks including health checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice had developed an Out of Hours protocol which ensured all the required support services were notified of information about people nearing their end of life. This included the local ambulance service.
- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers and those with a learning disability. Patients with a learning disability were offered a longer appointment and an annual review.

People experiencing poor mental health (including people with dementia):

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12

Good

Are services effective?

(for example, treatment is effective)

months. This was higher than the local average of 83% and the national average of 84%. Exception reporting for these patients was zero compared to 7% locally and nationally.

- 99% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the local average of 89% and national average of 90%. Exception reporting for these patients was also lower at 3% compared to the local and national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 94%; CCG 91% and national 91%). Exception reporting for this indicator was also lower at 1% when compared with local and national rates of 10%.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- Since our inspection in April 2017, the practice manager had reviewed the practice system of staff support and training. This included a review of staff skills and abilities and the appraisal system. All staff had had an appraisal which was linked to performance and included a personal development plan. We spoke with several staff who welcomed the opportunities they had been provided with to develop their skills and abilities. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. This included working with the practice integrated care teams (PICT) to review (with patient consent) the specific care needs of the patient to provide a bespoke package of care and support to enable the patient to stay at home.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients and other health and social care agencies to develop personal care plans that were shared with relevant agencies.
- Patients who were in need of end of life care, as well as those with complex needs were discussed at formal regular meetings with staff from other health and social care services.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff was consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice had recently appointed a clinical and non clinical cancer champion with a view to encouraging patients to attend for screening. The practice manager confirmed that due to the diverse range of patients with different cultural backgrounds, beliefs and abilities to

Good

Are services effective?

(for example, treatment is effective)

communicate effectively in English they had found direct telephone contact to explain and discuss the purpose of screening was the most effective approach to get patients engaged into the process.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Policies for consent and the Mental Capacity Act were available.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Requires improvement

Are services caring?

Our findings

At our inspection on 26 April 2017, we rated the practice as requires improvement for providing caring services as there was no carer's register. We found that the carer's register had been introduced when we undertook a follow up inspection on 13 December 2017; however the results of the GP patient survey indicated patients were dissatisfied with the level of care and treatment they received. We rated the practice, and all of the population groups, as requires improvement for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. The practice's staff team between them could speak 11 different languages. There was a good understanding of the diverse religious and cultural needs of patients, especially in relation to those approaching end of life care.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 46 out of 47 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients were not satisfied with the service they received. A total of 384 surveys were sent out and 67 were returned. This represented less than 1.5% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 70% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 71% of patients who responded said the GP gave them enough time; CCG - 86%; national average - 86%.
- 88% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 56% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG – 86%; national average - 86%.
- 90% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.
- 91% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.
- 90% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 75% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 90%; national average - 91%.
- 81% of patients who responded said they found the receptionists at the practice helpful; CCG – 86%; national average - 87%.

The practice was aware that patients were not satisfied with some aspects of the service that was provided. The practice had carried out a patient survey in August 2017. They received 50 returned questionnaire. The results showed that 72% of patients stated they managed to see a GP of their choice and 66% of patients said they understood their problem/illness much more than before their visit to the GP. The practice had implemented action to try to improve patient satisfaction with the service they provided. This included increasing the number of GP hours offered from the one location at Wilmslow Road, employing a permanent practice nurse and implementing a range of refurbishment to the practice building and facilities.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. In addition practice staff spoke 11 different languages and could provide on the spot direct support to the majority of patients. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. The practice had

recognised that many patients did not respond to written information and therefore made telephone contact to discuss issues, concerns and encourage attendance for healthcare reviews.
- Staff communicated with patients in a way that they could understand, for example, the practice nurse had developed a wall display with large bright photographs of different foods to support their discussion with patients on understanding and managing diabetes.
- The practice manager had an open door policy for patients and many visited her to discuss their personal issues.
- The practice had developed good links with local support groups and signposted patients and their carers to find further information and access community and advocacy services. Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had improved their awareness and understanding of patients who were also carers. Previously the practice did not hold a register of patients who were also carers. The practice's computer system now alerted GPs if a patient was also a carer. The practice had identified 59 patients as carers. (Just over 1% of the practice list).

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment, when compared with local and national averages. For example:

- 70% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 70% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 80% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 61% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection on 26 April 2017, as good for providing responsive services. This inspection identified patients were dissatisfied with how they could access the service provided. We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and took account of patient needs and preferences. The practice had run a patient survey in August 2017 and implemented several actions as a result. For example, they extended opening times on a Wednesday afternoon following the closure of the branch surgery and offered patients appointments with the GP seven day access provided by Primary Care Manchester Limited (PCM). Eighteen per cent of patients said telephone access was poor. The practice reviewed this and reconfigured the reception so that three telephone lines were available to accept calls at peak times and this freed the front reception desk to deal with patients face to face.

- The practice offered extended hours on Tuesday and Thursday evenings between 6.30pm until 8pm for working patients who could not attend during normal opening hours. They also offered online services such as appointment booking and ordering repeat prescriptions.
- The practice improved services where possible in response to unmet needs.
- The practice had implemented a programme of refurbishment that included decorating and improvements in facilities. The practice offered a bright, clean and comfortable patient waiting area, upgraded toilet and baby change facilities and a re-organisation of back office functions.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice offered longer appointments to patients with complex needs and used interpretation services if required for patients for whom English was a second language.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs, practice nurse nurses and phlebotomist also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the integrated care teams (PICT) to review (with patient consent) the specific care needs of the patient to provide a bespoke package of care and support to enable the patient to stay at home.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. The practice had implemented an audit to ensure patient records recorded who accompanied children and young adults to surgery appointments.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours as well and access to appointments provided by the seven day access service provided by PCM.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including asylum seekers, refugees, and those with a learning disability.
- Patients with complex needs were offered longer appointments.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice proactively signposted patients to support organisations for those with mental health needs and those who had recently suffered bereavement.

Timely access to the service

The practice offered open access or walk in surgeries four mornings each week. Patients spoken with and feedback from patient comment cards indicated that they preferred this and they could see a GP on the day they needed to. Patients acknowledged though that on occasion they had lengthy waits at the surgery to see the GP especially if patient demand was high at the open access surgery.

The practice was open between 8.00am to 6.30pm Mondays to Friday. Open access or walk in surgeries were offered on Monday, Tuesday, Thursday and Friday mornings. Patients arriving between 9am and 11am were seen on that day. Routine bookable appointments were offered at the afternoon /evening surgeries. On Wednesday mornings the practice offered telephone appointments and telephone triage for patients with urgent healthcare needs .Extended hours were offered on Tuesday and Thursday evenings between 6.30pm until 8pm for prebooked appointments. At the time of our visit the wait for a routine appointment was one week.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local and national averages. However the results detailed below refer to a period before the practice had implemented some changes to service delivery. These included closing the branch surgery following a three month consultation period with those affected and the provision of support and assistance to find a new GP as required. This closure enabled the practice to offer more appointments from the one location. The practice had also increased the number of manned telephone lines in a morning to accept patients calls.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 59% of patients who responded said they could get through easily to the practice by phone; CCG – 69%; national average - 71%.
- 73% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 81%; national average - 84%.
- 61% of patients who responded said their last appointment was convenient; CCG - 76%; national average - 81%.
- 56% of patients who responded described their experience of making an appointment as good; CCG - 70%; national average - 73%.
- 32% of patients who responded said they don't normally have to wait too long to be seen; CCG - 51%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The practice manager was the designated responsible person who handled complaints for the practice. Since the inspection in April 2017 the practice had made the complaint process and procedure more accessible to patients and the practice manager confirmed that they had received more complaints.

We reviewed three complaints and these demonstrated that the practice, acknowledged the receipt of the complaint, carried out investigations, invited the complainants in to discuss their concerns, offered apologies appropriately and provided comprehensive written responses.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our inspection on 26 April 2017, we rated the practice as inadequate for providing well led services. We found the practice governance arrangements were not sufficiently safe or effective. There were gaps in the monitoring of pathology results, lack of evidence to demonstrate action in response to safety alerts, inadequate oversight of patients with a safeguarding plan and the lack of key policies such as the Duty of Candour and Consent.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service in September 2017.

This comprehensive inspection on 13 December 2017 demonstrated that the practice had sustained and continued to improve the leadership and governance of the services it provided. We rated the practice, and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

The practice had reviewed their performance and leadership since the last inspection. The consulting agency the practice had used previously for advice and support was no longer used by the practice and the practice manager had been given a vote of confidence to work with the GP partners to improve the service provided and provide clear leadership.

- The improvements identified at this inspection demonstrated the leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

Since our inspection in April 2017 the practice had developed a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The practice's overarching mission statement: "We aim to enhance the health and well-being of our patients by providing an accessible high quality safe service which is responsive and caring" underpinned the practice's clear vision and values. The mission statement was recorded clearly on the practice's website.
- The practice had developed a five year business plan that included a realistic strategy based on an analysis of the local environment (political, economic, social and technological) and analysis of the practice's strengths and weaknesses. From this the practice had developed key 'projects' to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- All staff had been involved in improving the practice and developing the practice vision, values and strategy.

Culture

The practice had re-evaluated its vision and values and this had a positive impact on the culture of the service.

- The practice manager had re-designed the systems of staff support ensuring annual appraisal and performance development plans were meaningful to staff. This had resulted in staff being offered opportunities to develop their skills and abilities. A reception manager role had been created and this provided a leadership structure.
- All staff spoken with were committed to the practice and focused on providing a quality service. Staff told us they felt respected, supported and valued.
- The practice focused on the needs of patients.
- The practice now had a Duty of Candour policy and we viewed evidence that the practice responded with openness, honesty and transparency when responding to incidents and complaints.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. All staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice had reviewed and improved their governance arrangements. There was an overarching practice audit plan and action had been taken to improve where gaps were identified. There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The specific areas we identified previously had all been addressed. For example the practice had introduced systems to effectively monitor several aspects of their service. These included patients with a safeguarding plan, patients referred to secondary care, those prescribed high risk medicines and a daily checks to ensure pathology results were responded to. Care plans were now in place for those patients requiring them. The practice had refurbished and redecorated the practice and there was improved health and safety with up to date fire and legionella risk assessment.
- The structures, processes and systems to support good governance and management were clearly set out, understood and effective. The whole staff team were involved in monitoring and reviewing the service they provided.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety
- The practice leaders had reviewed and developed processes to manage current and future performance. Full staff meetings were held weekly where key areas such as significant events, safeguarding, MHRA alerts and complaints were reviewed and discussed.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality, although some clinical audits would benefit from better documentation.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice had developed it systems to respond and act on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. For example the practice was working with the charity Jo's Cervical Cancer Trust to try to encourage patients to attend for cervical screening.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The practice had developed a five-year business strategy and plan and this was discussed regularly at the weekly team meeting.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The practice was aware they needed to continue to make improvement in the service they provided. The practice had actively engaged with external partners to assist them in improving the service they provided. This included the Royal College of General Practitioner (RCGP), the clinical commission group (CCG) and the local specialist health protection nurse.
- There was an active patient participation group (PPG). Two members of the PPG joined the practice's presentation on the morning of the inspection. They

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

demonstrated keen interest in the quality of the services provided and the role and impact of CQC inspections. Regular PPG meetings were held and meeting minutes were available.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

The practice had implemented a range of initiatives to ensure the service it provided was safe and effective.

- The practice's five-year business plan and strategy identified key areas for continuous improvement and development.
- Systems of staff support and development had been improved and staff understood how their role contributed to improvements in service delivery.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.