

Dr Salam J Farhan

Quality Report

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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the practice of Dr Salam J Farhan on 5 February 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety with an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Learning from incidents and events was evidenced but systems were not robust enough to ensure learning was always achieved.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand but negative comments by patients were not formally recorded and reviewed.
- Most patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Some negative comments were reported about the appointment system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Following an unsettled period resulting in major staff changes, there was now a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Areas where the practice should make improvements :

Summary of findings

- Introduce a system to identify that communications have been received and learning has been achieved.
- Encourage staff to report negative comments from patients to analyse trends and assess whether further investigation is required.
- Introduce a formal process of regular documented clinical and other meetings.
- Increase staff knowledge on what to do to help patients in vulnerable circumstances, such as homeless, domestic violence, travellers and/or those with language difficulties, if they presented.

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?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons learned were communicated but systems were not robust enough to make sure staff received communications and that actions were always taken when required.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff appraisals had been undertaken in the past but were overdue.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified for example, the practice reviewed patients at two nursing and one residential home and took part in the care home local enhanced service.
- A community specialist paramedic was in post until April 2016 to help with avoidable admissions.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The practice had been through significant changes in the previous 24 months with many staff changes. There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular informal governance meetings due to time constraints. These were currently being formalised and improved.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for

Good



Summary of findings

knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Systems were being strengthened to improve communication.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Home visits were offered and provided when required.
- They provided the Care Homes Local Enhanced Service (LES) providing full assessment of physical and cognitive functioning of patients in nursing and residential homes. We saw evidence of assessments and comprehensive care plans with follow up visits planned. They also provided the dementia screening LES.
- The practice have been trained on and use Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms that can be transferred to any subsequent care providers when planning end of life care.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing and advanced practitioner staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes receiving appropriate interventions was higher than national averages. For example :
 - Those receiving blood tests in the previous twelve months was 79% compared to the national average of 77%.
 - Those receiving the flu injection in the previous 12 months was 97% compared to the national average of 94%
 - Those receiving cholesterol tests was 85% compared to the national average of 80%
 - Those having had a foot test was 97% compared to 88% nationally.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured review to check their health and medicines needs were being met. For those patients with the most complex needs, the appropriate practitioner worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place 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 A&E attendances.
- Immunisation rates were average for all standard childhood immunisations.
- All children with asthma are reviewed and discussed with the GP to ensure safe and appropriate treatment is provided.
- There was evidence that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Data showed that female patients attending for cervical screening were lower than local and national averages. The administration manager had translated letters into Polish to send to Polish speaking patients who were not attending for cervical smears which had resulted in increased attendance.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- They also offered extended hours, telephone consultations, contraceptive advice and treatment (excluding coils), and chlamydia screening.
- Electronic prescribing was being introduced.
- The practice offered an enhanced service to provide the Meningitis C vaccination for young adults preparing to move on to University.

Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances such as those at risk of admission, older people, children at risk and patients with co-morbidities.
- The practice offered longer appointments for patients with a learning disability and send out easy read letters to encourage patients with learning disabilities to attend for a review.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There was very limited diversity within the practice population and no homeless, domestic violence safe houses, or traveller sites within the practice patch. Not all staff we spoke to had a good knowledge of what to do to help patients in these categories if they presented.
- Patients misusing alcohol and other substances were supported jointly by the GP and substance misuse workers and the practice prescribed heroin substitutes in partnership with the community drug and alcohol team. Those patients were also given a “bypass” telephone number which enabled them to bypass reception and speak directly to a practitioner for support.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- 73% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, was lower than the national average of 84%. All other data indicators for patients with mental health conditions were in line with national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia and the practice carried out advance care planning for patients with dementia in line with the dementia and care home local enhanced services.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. 380 survey forms were distributed and 115 were returned.

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 75%, national average 73%).

- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. 41 of the cards praised all the staff, particularly reception staff. 10 cards had mixed comments, three found difficulty getting appointments, three mentioned delays with prescriptions and four were unhappy with staff attitude. We also looked at eight responses from the friends and family test and all were likely or very likely to recommend the practice.

We were unable to speak with any patients during this inspection.

Areas for improvement

Action the service **SHOULD** take to improve

- Introduce a system to identify that communications have been received and learning has been achieved.
- Encourage staff to report negative comments from patients to analyse trends and assess whether further investigation is required.
- Introduce a formal process of regular documented clinical and other meetings.
- Increase staff knowledge on what to do to help patients in vulnerable circumstances, such as homeless, domestic violence, travellers and/or those with language difficulties, if they presented.

Dr Salam J Farhan

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 adviser.

Background to Dr Salam J Farhan

Partington Central Surgery is a purpose built community health and social centre. The practice offers services under a General Medical Services contract to 3500 registered patients, with a high population of families and young children. The population is mostly white British living in an area of high deprivation with higher than average rates of preventable cancers. The centre is easily accessible with good public transport links and plenty of available car parking. The centre is well equipped to accommodate people with disabilities.

The practice has undergone significant changes over the previous 24 months resulting in several staff losses and Dr Farhan is now the sole GP. Currently, the staff are Dr Farhan, a full time female advanced nurse practitioner and a newly started part time advanced nurse practitioner. They are assisted by a part time practice nurse who works ten hours per week, a clinical support manager/assistant practitioner, and a health care assistant. The clinical staff are supported by a practice manager and secretarial, administration and reception staff. In addition the practice has secured the services of a community specialist paramedic, shared with a neighbouring practice, in post until the end of March 2016. Their role is to assist with avoidable hospital admissions.

The practice is open Monday to Friday from 8am until 6.30pm and on Wednesdays the hours are extended to 7.30pm. The clinic times vary and are flexible during these hours. Appointments can be made by telephone, online or calling at the surgery. Telephone consultations, same day and urgent appointments are available. When the practice is closed, patients can be seen by the On Call services. Blood tests are available at Partington Central Surgery on a Wednesday and Friday between 8.45am and 10.45am and a phlebotomy service is also available between 9am and 11am on Wednesdays and Fridays at the community centre. Child Health and Immunisations, baby clinics, minor surgery, travel immunisations and vaccinations and flu vaccinations are offered at the practice.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 February 2016. During the inspection we:

- Spoke with a range of staff including the GP, the clinical support manager/assistant practitioner, the practice manager, the practice nurse and administration and reception staff.
- Observed how patients were being cared for.
- Reviewed sections of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw examples of governance and safeguarding concerns where appropriate actions had been taken.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. There was a lead member of staff for safeguarding. The GP and clinical support manager/assistant practitioner attended safeguarding meetings or spoke to relevant agencies when necessary. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We saw evidence that the GP was trained to Safeguarding level 3 and other staff were trained to appropriate levels.
- A notice in the waiting room, on the practice website and in treatment rooms 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 check (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. We observed the premises to be clean and tidy. The clinical support manager/assistant practitioner was the infection control clinical lead and liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directives had been adopted by the practice to allow the practice nurse and to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directives to enable relevant staff to administer flu vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had learned from errors made in the past with regards to poor recruitment checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Building management was the responsibility of NHS Property services and there were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and health and safety representatives. The practice had up to date fire risk assessments and carried out regular

Are services safe?

fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had undergone major staff disruption over the previous two years. They were working together as a team under the leadership of the GP.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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. 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 18% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This exception rate was considered high and we discussed this with the practice. Evidence was seen of the practice co-operating with a Clinical Commissioning Group enquiry to analyse the high rates, which were found to be appropriate and in accordance with guidance. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:-

Performance for diabetes related indicators for patients on the practice diabetes register was better than the national average.

- Those receiving the required blood test in the last 12 months was 93% compared to the national average of 77%.
- Those who had a blood pressure check in the last twelve months was 87% compared to the national average of 76%.

- Those who have had influenza immunisation in the preceding six months was 99% compared to the national average of 95%
- Those who had a cholesterol test in the last 12 months was 85% compared to the national average of 80%
- Patients with a record of a foot examination and risk classification in the last 12 months was 91% compared to the national average of 86%

The percentage of patients with hypertension having regular blood pressure tests was 84% which was better than national average of 82%

Performance for mental health related indicators was 97%, 96% and 95% for three indicators, such as patients recorded as having a care plan and smoking and alcohol status and these figures were better than the national averages of 85%, 89% and 93%.

100% of patients diagnosed with dementia in the previous 12 months had received a face to face review compared to the national average of 83%.

Clinical audits demonstrated quality improvement. The practice were unable to provide a copy of completed audit cycles for the year 2013/2014. However, there had been three two-cycle clinical audits planned for 2015/2016 and each had completed cycle one with second cycles planned in for later in 2016. The audits related to three medicines and checked that they were being prescribed according to best practice guidelines. We saw evidence that changes were made if required.

We also saw evidence of planned audits which started in 2016 which included a review of patients newly diagnosed with cancer and a review of the appropriateness of Read Coding decisions made by the advanced nurse practitioner on incoming clinical mail.

Information about patients' outcomes was used to make improvements such as changes in the management of children with Attention deficit hyperactivity disorder (ADHD) to ensure they received appropriate treatment and interventions.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received appraisals in 2013/2014 but they were overdue for 2015/2016. Plans were already in place to address this.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice took part in peer review to ensure that referrals were appropriate.
- Staff worked together and with other health and social care services to understand and meet the range and

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP, assistant practitioner or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- We saw in three randomly selected patient records that the GP obtained consent for injections & minor surgery and recorded it in patient notes.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. They also identified children with ADHD, those at risk of dementia and those living in residential and nursing homes. Patients were signposted to relevant services when necessary.
- The practice's uptake for the cervical screening programme was 81% which was lower than the national average of 83%. However, the new practice nurse had identified this as an issue and had refined the process and procedure for contacting patients and altered timings of the clinics to suit those who had difficulty attending. They were also offering opportunistic appointments and sending letters in Polish to Polish

Are services effective?

(for example, treatment is effective)

speaking patients to try and improve the uptake. They also used easy read letters for those with a learning disability and ensured a female sample taker was available.

- The percentage of patients screened for breast and bowel cancer were lower than the local and national averages.

- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 100% to 90% and five year olds from 100% to 95%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.
- Minutes from meetings evidenced that staff were made aware of the necessity to consider the level and tone of their voices when discussing sensitive and confidential information at reception.

There were mixed comments in 10 of the 45 Care Quality Commission comment cards we received. All the others were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However the practice was lower than average for its satisfaction scores on consultations with GPs and nurses. The practice had acknowledged that this was most likely due to the period of staff turbulence which they were addressing. Data showed:

- 84% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 88%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

The CQC comments cards told us that patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. The GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, some of the results were lower than local and national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 82%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

There were few patients whose first language was not English but staff told us that translation services were available and letters were sent in Polish to Polish speaking patients to encourage attendance for certain appointments.

Patient and carer support to cope emotionally with care and treatment

A caring and patient-centred approach was witnessed throughout the inspection.

There was a large selection of notices in the patient waiting room which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Bereaved patients were contacted by the practice and were signposted to appropriate services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Wednesday evening until 7.30pm for any patients who could not attend during normal opening hours and the practice nurse and assistant practitioner held clinics in conjunction with the GP.
- There were longer appointments available for patients with a learning disability and those patients were sent easy read letters to encourage them to attend appointments.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Children with ADHD had been identified and were regularly monitored to ensure they were receiving the correct treatment and interventions.
- The practice provided opportunistic chlamydia screening for all patients and the Meningitis C vaccination for young adults preparing to move on to University.

Access to the service

The practice was open Monday to Friday from 8am until 6.30pm and on Wednesdays the hours were extended to 7.30pm. Clinic times varied and were flexible during those hours. Routine appointments were available by telephone, online or calling at the surgery and telephone consultations, same day and urgent appointments could also be accessed in this way. When the practice was closed, patients were seen by the On Call services. Blood tests were available at Partington Central Surgery on a Wednesday and Friday between

8.45am and 10.45am and a phlebotomy service was offered between 9am and 11am on Wednesdays and Fridays at the community centre. Child Health and Immunisations, baby clinics, minor surgery, travel immunisations and vaccinations and flu vaccinations were offered at the practice.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was comparable to local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 78% patients said they always or almost always see or speak to the GP they prefer (CCG average 64%, national average 79%).

In response to the dissatisfaction of patients about the practice's opening hours they had made changes. They no longer closed on Thursdays for half a day and they extended their hours on Wednesdays to 7.30pm.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- They had increased staff awareness and implemented a system so that verbal comments and feedback from patients were to be reported, logged and analysed for trends.

We looked at one formal complaint received in the last 12 months and found that it was dealt with satisfactory, in a timely open and transparent way. Lessons were learned and action was taken as a result of this complaint. The GP

Are services responsive to people's needs? (for example, to feedback?)

now worked to 15 minute appointments and had attended several courses on communication skills and record keeping in an attempt to reduce reoccurrence and to improve quality of care in the future.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Plans had been discussed with staff about how those values would be upheld and improved upon over the coming year.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Following a turbulent time over the previous 24 months, the practice had worked together to maintain stability and there was now a clear staffing structure with staff who were aware of their roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The GP, with support from a clinical and practice manager, had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP was visible in the practice and staff told he was approachable and always took the time to listen to any of them, offering an open door policy.

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. There were systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They had recently implemented a system and now kept written records of verbal interactions as well as written correspondence.

There was now a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. These meetings had reduced in frequency over the last two years but had recently been re-introduced and formalised and we saw evidence to support this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP and managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG but it had not met regularly. Because of this the practice had introduced virtual communication and this had increased patient interaction. Minutes of meetings and action plans were available for patients on the practice website.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff informal discussions and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had listened when staff had been provided feedback that the triage system was not effective. The system was disbanded and appointments were increased to meet patient demand. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff were supported to obtain extra qualifications to help them in their roles such as a diploma in respiratory care, domestic violence training for clinical staff, and health care assistant training for those wishing to progress into different areas.