The Brooke Surgery

Quality Report

20 Market Street
Hyde
Cheshire
SK14 1AT
Tel: 0161 368 3312
Website: www.brookesurgery.co.uk

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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.

Summary of findings

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Summary of findings

Overall summary

The Brooke Surgery provides primary medical services in Hyde town centre Monday to Friday between the hours of 8am and 6pm, with the exception of Thursday when the surgery remains open until 9pm. Patients can make an appointment on line, by calling into the surgery or by telephone.

As part of our inspection we spoke with patients and reviewed information we received from comment cards. We also reviewed information from patient surveys and comments that patients had left on the NHS choices website.

Patients told us they were happy with the care and treatment they receive, though expressed some frustration about difficulties they experience trying to make an appointment. Despite this patients told us that they were always seen in an emergency.

We saw the practice was clean and hygienic , with systems in place to ensure the safety of patients, including infection control. We found medicines management was safe.

We found that the surgery was suitably staffed and staff were trained and competent to perform their roles. However staff had not completed training in the Mental Capacity Act 2005, or the Deprivation of liberties safeguarding training.

We found the service was effective in meeting the needs of patients and working effectively with other health and social care professionals.

We inspected the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Services provided to patients were safe. This was achieved through reviewing incidents, complaints and health and safety concerns.

The practice responded to NHS patient safety alerts and took action where appropriate.

The practice ensured that there was enough staff employed at the surgery to meet and respond to patient demand and emergencies.

Staff were suitably trained and supported to fulfil the role to which they had been recruited.

Stringent pre-employment checks were completed before staff were employed at the surgery and this ensured patient safety because only suitable applicants were appointed.

Medicines, including emergency drugs were stored safely and guidance was available to support GPs and nurses when administering medication in emergencies.

Are services effective?

The practice considered best practice, clinical updates and alerts when providing care and treatments.

The practice was proactive in ensuring that patients attended for care and treatment reviews, including patients with mental health problems who required regular blood tests.

The practice was sufficiently staffed with a trained and competent work force.

There was good evidence of multidisciplinary working with other health and social care professionals. This ensured that care and treatment for patients with complex care needs, was planned and coordinated effectively.

Are services caring?

Patients we spoke with described being treated with respect and dignity and felt involved in decisions about their health care.

We observed staff speaking with patients respectfully, including courteous and respectful face to face communication and telephone conversations. We saw staff being helpful and sensitive to patient's needs. Patients were supported by staff to make informed decisions about their care and treatment.

Summary of findings

Consultation rooms and treatment rooms were suitable for patient use and protected and maintained patients privacy and dignity by providing separate examination areas and 'privacy' curtains.

Are services responsive to people's needs?

The practice ensured a flexible service was provided to meet the needs of as many patients as possible, including a weekly late night surgery and an electronic prescribing service.

Patients could access appointments with GPs and with nurses in several ways, for example, by telephone, or by calling into the surgery and by on-line booking system.

Emergency appointments were available each day and children were always seen. Patients reported favourably on telephone consultations they had with GPs.

Complaints were treated seriously and investigated.

Are services well-led?

The practice had a clear vision around patient care and was proactive in its management of long term health conditions. It was committed to putting patient care at the heart of what they did.

Strong leadership was visible across the whole practice and there were clear lines of accountability and responsibility. Staff told us they felt supported, there was good team work and there was a good inter-disciplinary approach to delivering care in the best interests of patients.

There were a number of systems and audits in place to review the practices performance, including a review of patient groups who had attended for health checks. There were measures in place to target and engage some of the most reluctant patient groups to access good care and treatment.

Summary of findings

What people who use the service say

We spoke with nine patients and reviewed two comment cards that patients had completed during the course of our inspection. We received positive feedback and comments from the majority of patients we spoke with.

Patients told us they were treated with dignity and respect and they were consulted and involved in making decisions about the care and treatment they received.

Some patients reported difficulty in making appointments via telephone to see a GP. However all patients we spoke with told us they were always seen in an emergency.

The majority of patients we spoke with told us they were happy with the care and treatment they received and they had no complaints.

Patients told us they were treated well by all staff at the practice.

Areas for improvement

Action the service COULD take to improve

- Staff had not completed training in the Mental Capacity Act 2005, or the Deprivations of liberties safeguarding training.
- The practice did not provide a paper copy of the surgery newsletter to patients. Patients who accessed the internet could access an on line copy of the newsletter.
- Governance and supervision of advanced nurse practitioners was not formalised.
- A number of patients expressed dissatisfaction at not being able to get through to the surgery when telephoning to make an appointment.

The Brooke Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience.

Background to The Brooke Surgery

The Brooke Surgery is located on the main high street in Hyde town centre. The practice team comprises four GP partners, three salaried doctors, two advanced nurse practitioners, three practice nurses, an assistant practitioner and a health care assistant.

The practice provides diagnostic procedures including phlebotomy, cervical smears and microbiology for off-site analysis as well as minor surgery procedures and joint injections.

The surgery has seven consulting rooms, three nursing rooms, one treatment room, a reception area and a waiting area. All consultation rooms and treatment rooms are located on the ground floor. Access to the building is suitable for people who use a wheelchair and there is a disabled toilet which also provides baby changing facilities.

The surgery provides primary medical services to registered patients and occasionally treats temporary patients resident in the locality. The surgery is open Monday to Friday between the hours of 8am and 6pm, with the exception of Thursday when the surgery remains open until 9pm. Home visits are available for people who are not well enough or physically able to attend the surgery in person. Patients can make appointments online, by telephoning, or by calling in at the surgery.

The surgery was responsible for providing care to 10,500 patients.

The Brooke Surgery is a GP training practice that trains third and fourth year medical students from Manchester University, together with foundation year doctors, and registrars training to become GPs.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

Before our inspection, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service.

Detailed findings

We carried out an announced visit on 14 May 2014.

During our inspection visit we spoke with a range of staff, including GPs, nursing staff and reception and administrative staff and spoke with patients who used the service.

We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Summary of findings

Services provided to patients were safe. This was achieved through reviewing incidents, complaints and health and safety concerns.

The practice responded to NHS patient safety alerts and took action where appropriate.

The practice ensured that there was enough staff employed at the surgery to meet and respond to patient demand and emergencies.

Staff were suitably trained and supported to fulfil the role to which they had been recruited.

Stringent pre-employment checks were completed before staff were employed at the surgery and this ensured patient safety because only suitable applicants were appointed.

Medicines, including emergency drugs were stored safely and guidance was available to support GPs and nurses when administering medication in emergencies.

Our findings

Safe patient care

We found that the practice had systems in place that ensured the delivery of safe patient care. These included the review of incidents, safeguarding alerts, health and safety concerns and complaints. Weekly clinical and managerial meetings were held and these provided an opportunity for discussion of such events and this ensured that as concerns arose they were addressed in a timely way.

Similarly we saw evidence that the practice responded to NHS patient safety alerts, for example, medication alerts. We saw that this was a rolling item on the practice's weekly 'clinical meeting' agenda. This information was shared with nursing staff and with the management team for further discussion and or action, which might mean contacting patients if they were directly affected by the contents of the alert.

Learning from incidents

The practice had systems in place to review incidents referred to as 'significant events analysis' (SEA), for example a significant event may be a 'needle stick injury'. A review of a significant event included an analysis of what factors led to the event, how the event was handled, how it could have been handled differently, what action needed to be taken as a result of the event, including lessons learnt. We saw where complex significant events had occurred it was the practice to hold 'Lessons learned case reviews'.

All staff at the surgery were encouraged to raise and submit significant events. As part of the practice's quality monitoring and auditing arrangements (SEA) were discussed and reviewed at the practice's weekly 'clinical meeting', and could if necessary continued to be discussed at several meetings until satisfactorily resolved, in suitable timescales, with actions set. We saw that discussions and learning from events was shared with all staff within the practice, for example at nurses meetings and management meetings.

Safeguarding

The practice had a safeguarding policy and procedure in place and all staff had access to this via the practice web site. One of the partner GPs was the lead for safeguarding at the practice and staff we spoke with knew they could approach the lead GP if they had concerns about a patient.

Are services safe?

During our inspection we observed information in the patient waiting areas advising patients of who to contact should they have concerns about abuse or abusive relationships including male domestic abuse. We saw information was also provided in alternative languages.

Within the patient record system there was an alert system which alerted GPs, nursing staff and reception staff to any on going child protection issues. We saw that there was information informing staff how to raise a safeguarding concern displayed in clinical rooms and in the reception area. This included a flow chart for staff to follow and contact numbers of local safeguarding and adult safeguarding contacts.

We spoke with GPs, the practice manager, nursing staff, and reception staff about their understanding of good safeguarding practice, their duty of care, and their responsibility to keep children and adults safe. We asked staff what action they would take in response to safeguarding concerns. We found that staff were able to tell us what action they would take in response to concerns and how they ensured patient safety.

We saw that the majority of staff at the practice had completed training in safeguarding children and adult protection and there were plans in place for staff who were due to update this training.

Monitoring safety and responding to risk

The staffing group at the practice was made up of GPs, nursing staff, a prescribing administrator, reception and administrative staff. It was the practice that all reception and administration staff were trained to work across all areas. This meant that during holiday periods and episodes of ill health staff were able to work across both administrative tasks and reception tasks. We were told that there were plans to train staff in prescribing administration to cover holiday periods.

Staff were trained in fire safety and training in cardio pulmonary resuscitation (CPR) was scheduled to take place for all staff in June 2014. Staff knew where emergency equipment was stored and how to access this quickly in the event of an emergency.

Within the patient record system there was a facility which alerted staff to patients who were at risk or who presented a 'potential risk' to staff, for example concerns in respect of 'over ordering medication' and children and young people who were known to local child protection teams. This enabled staff to monitor both patient and staff safety.

One patient we spoke with who attended the surgery for diabetes monitoring told us: "Nurses monitor my diabetes; they keep me on the straight and narrow. They do it in a joking way, but serious way. They have my interests at heart."

Another patient told us: "I was previously on insulin injections, now thanks to the good care and treatment of this surgery I now only need to take tablets."

Medicines management

The practice stored vaccinations in one of two refrigerators. Systems were in place that ensured that vaccines were stored correctly. These included daily checks of temperatures of refrigeration, stock count and rotation and checks that vaccines were in date.

We saw that emergency drugs were stored in all clinical rooms and regular checks of the stock count and date were made. We saw that audits of emergency drugs were completed on a regular basis. We saw algorithms detailing the appropriate dose of medicines [emergency drugs] for each age group were displayed in clinical rooms.

Cleanliness and infection control

Patients we spoke with told us the practice was 'always clean and tidy'. One person told us they had observed the GP wash their hands after examining them.

We saw that the practice was clean throughout and appropriately maintained. There were plans to replace fabric privacy curtains in clinical areas with paper disposal curtains which reduced the risk of infection control.

The practice had procedures in place for the safe storage and disposal of sharps and clinical waste. We saw sharps boxes in clinical areas and all clinical waste bins were foot operated.

We looked at staff training records and saw that all staff at the practice both clinical and non-clinical had completed training in infection control.

Staffing and recruitment

The practice operated a robust recruitment and selection process which ensured that only suitable applicants were recruited. The practice had put a number of

Are services safe?

pre-employment checks which included taking up Disclosure and Barring checks known as DBS checks for all clinical staff. The practice had developed a risk assessment in respect of non-clinical staff who they deemed did not require a DBS check. We saw that as a result of completing a risk assessment a decision had been made to take DBS checks for members of staff who had close and or regular contact with patients, for example, when operating in the capacity of a chaperone for a patient during an examination and for staff whose roles were deemed to be high risk because of the responsibility that came with their role, for example, prescription administrators.

Dealing with Emergencies

The practice had a fire risk assessment and took fire safety seriously. We found that tests to fire alarms systems and other fire safety equipment were done on a regular basis.

We saw there was fire fighting equipment throughout the building; this had been serviced and was in date. The practice manager had ensured that all staff completed fire safety training.

Equipment

The practice had a robust plan in place to ensure that all equipment used in the premises was maintained. We found that arrangements were in place which ensured the safety and suitability of the building, for example legionella tests, gas safety tests and tests of electrical installation, including portable appliance testing (PAT) of electrical equipment.

A defibrillator and oxygen were available for use in a medical emergency. These were stored in the reception area and were in easy reach in the event of a medical emergency. We saw records that indicated that this equipment was checked on a regular basis and this ensured it was in working condition.

Are services effective?

(for example, treatment is effective)

Summary of findings

The practice considered best practice, clinical updates and alerts when providing care and treatments.

The practice was proactive in ensuring that patients attended for care and treatment reviews, including patients with mental health problems who required regular blood tests.

The practice was sufficiently staffed with a trained and competent work force.

There was good evidence of multidisciplinary working with other health and social care professionals. This ensured that care and treatment for patients with complex care needs, was planned and coordinated effectively.

Our findings

Promoting best practice

The practice responded to NHS patient safety alerts, for example, medication alerts. We saw that safety alerts and other 'best practice' issues were discussed at the practices' weekly 'clinical meeting' and this information was then disseminated to staff were appropriate for further discussion and or action. We observed patient safety alerts displayed in patient waiting areas so as to advise and alert patients to concerns.

One of the partner GPs was the lead for prescribing. The practice followed the guidance of the Greater Manchester Prescribing Group' and the clinical commissioning group (CCG) medicines management team. In addition to this GPs in the Hyde area met monthly as a group during which prescribing data from practices was reviewed to consider if there were any outliers. (An outlier is a review of health information to identify patterns of outcomes that indicate there may be a problem. Once identified, appropriate action would be taken.) As a consequence of this The Brooke Surgery had discovered they were high prescribers for a drug used for chronic pain and took action to review patients who were prescribed pain relief medication to consider its effectiveness. As result of the review it was found that not all patients required the medication.

Management, monitoring and improving outcomes for people

We noted the practice were proactive in contacting patients who had missed annual reviews, to ensure they attended appointments and this could include several letters being sent to the patient and contacting them by telephone in an attempt to ensure they engaged with any reviews of their treatment and or medication.

A patient recall system was in place for patients with chronic health conditions which provided on going monitoring of patients conditions. This included patients receiving treatment for asthma and patients who were prescribed repeat prescriptions, for example, for pain relief.

Similar we saw that one of the partner GPs was the lead for mental health and there were arrangements in place to ensure that all patients with a diagnosed mental health problem were reviewed annually.

Are services effective?

(for example, treatment is effective)

One patient we spoke with who attended the surgery for diabetes monitoring told us: "Nurses monitor my diabetes; they keep me on the straight and narrow. They do it in a joking way, but serious way. They have my interests at heart."

Another patient told us: "I was previously on insulin injections, now thanks to the good care and treatment of this surgery I now only need to take tablets."

Staffing

From our discussions with staff and reviewing training records we saw all staff were appropriately qualified and competent to carry out their roles safely and effectively.

There was an induction programme and a mandatory training programme in place for all staff. Staff had access to training, either face to face learning or e-learning.

We saw that the practice operated a thorough induction programme and all staff including clinical, non-clinical and a prescribing assistant were expected to complete the programme. We were told that the nursing team were actively involved in nurse's induction and GPs would be actively involved in any new GP induction.

Staff told us they were able to access training and received updates when required. We saw staff had completed mandatory training in child protection and safeguarding adults, information governance, infection control and health and safety. Some staff had completed chaperone training to enable them to chaperone patients during medical examinations if required.

Staff had not completed training in the Mental Capacity Act 2005, or the Deprivations of liberties safeguarding training. The provider may wish to consider providing this training to staff to ensure they fully understand their legal duties and obligations when responding and treating patients who lacked capacity.

The practice employed two advanced nurse practitioners, one of whom had been in post for 12 months. We found that there were no formal supervision or review arrangements in place for advanced nurse practitioners at the practice. Although we saw that these members of staff had accessed additional training and one nurse had completed training in anticoagulation and now assisted the practice in running anticoagulation clinics. We saw that the lead advanced nurse practitioner attended weekly clinical and management meetings which provided some oversight and review of their practice. However the provider may wish to consider how the supervision and review of advanced nurse practitioners work could be formalised.

All GPs took part in yearly appraisal.

Working with other services

Multidisciplinary health care meetings took place at the practice and involved other health and social care professionals, for example health visitors, who met with the provider on a regular basis to review complex patient care needs, to plan and coordinate an appropriate care response.

Gold standard Framework meetings in end of life care were held and attended by GPs and nursing staff, these provided further opportunities for effective partnership working across professionals.

These arrangements meant that patients could be assured that they received safe and appropriate treatment that met their needs.

Health, promotion and prevention

New patients underwent a 'new patient' assessment within a month of registering with the practice, part of which included completing a 'lifestyle questionnaire'. We were told that new patient assessments included a blood pressures test, weight and height measurements, family medical history and a review of their smoking and alcohol activity.

Staff told us of a number of 'health promotion' clinics that were provided at the practice and these included, smoking cessation and a number of chronic diseases clinics including Chronic Obstructive Pulmonary Disease (COPD) and diabetes clinics.

We saw a range of written information available for patients in the waiting area, on health related issues, local services and health promotion and carer's information. These included sexual health information, alcohol, weight management and smoking cessation.

The practice had signed up to the new government's planned named GP scheme for patients over the age of 75 years to be registered with an accountable named GP.

Are services caring?

Summary of findings

Patients we spoke with described being treated with respect and dignity and felt involved in decisions about their health care.

We observed staff speaking with patients respectfully, including courteous and respectful face to face communication and telephone conversations. We saw staff being helpful and sensitive to patient's needs. Patients were supported by staff to make informed decisions about their care and treatment.

Consultation rooms and treatment rooms were suitable for patient use and protected and maintained patients privacy and dignity by providing separate examination areas and 'privacy' curtains.

Our findings

Respect, dignity, compassion and empathy

We observed staff speaking with patients respectfully throughout the time we spent at the surgery. We observed reception staff speaking to patients in a respectful way and we heard staff during telephone discussions also speaking in a courteous manner. Facilities were available within the surgery and upon request for patients who wanted to speak in private.

It was the practice at the surgery for GPs to walk into the patient waiting area and call their patients through for their consultation. Patients told us they liked this.

We looked at a sample of consultation rooms, treatment rooms and clinical areas. Some consultation rooms had a separate examination room with a door; others had a curtain in place to maintain patient's dignity and privacy whilst they were undergoing examination or treatment.

One patient told us: "They [GPs, nurses and reception staff] all treat me with respect and kindness. I've known staff for years. With them it's something between a social and a health visit."

Comment cards that we received from patients included the following comments:

'Nurses sorted my high blood pressure out and my COPD and are really looking after me. I work and reception staff work well to fit me in. Very pleased with this service.'

and another patient said:

'I am always treated with respect and dignity. Staff are always friendly and helpful and an excellent service. When my [relative] had cancer they were supportive and understood the difficulties I was facing. Great staff and would never leave this surgery.'

Involvement in decisions and consent

All staff were required to sign a confidentiality agreement as part of their terms and conditions of employment at the surgery. Staff fully understood the importance of keeping patient information in confidence and the implications for patient care if confidentiality was breached. A patient told us: "All staff treat me kindly and politely. Staff keep my health issues confidential. My GP involves a family member in the consultation if I want it."

Are services caring?

When patients first registered with the practice they were given a 'new patient information pack,' which included advice on their patients' rights, responsibilities and how their personal health information was stored and accessed.

Patients could choose which doctor they wanted to see and patients had access to both female and male GPs. One patient told us they saw the GP of their choice. They said: "I have a good doctor patient relationship. He explains the treatment to me and asks me for my consent. He treats me like an intelligent human being."

Patients we spoke with told us they had been consulted about their care and treatment. They told us that GPs and other staff had explained their treatment to them, including diagnosis and if further tests or referrals to secondary care was required. We saw that for the majority of treatments patients gave implied or informed consent and arrangements were in place for parents to sign consent forms for certain treatments in respect of their children, for example, child immunisation and vaccination programmes.

All staff we spoke with understood the principles of gaining consent including issues relating to capacity.

We found that patients understood their care including the arrangements in respect of referrals to secondary care appointments at local and other hospitals and clinics. One patient said of the practice: "I've had safe treatment and they've referred me to the right people."

The surgery provided access to interpreter services for those patients for whose first language was not English. Upon arrival at the surgery patients could 'book in' by using an electronic patient booking in system. We observed a number of patients using this facility on the day of our inspection visit. We saw that instructions on how to use and access the service were available in several languages. We were told that patients could access longer appointments if necessary to allow for additional time that might be required for interpretation to take place and for the patient to understand treatment options. One patient told us they weren't aware that Bengali translation services were available on request. They said: "If I'd known about this I wouldn't have had to take time off work."

We saw that patients could access a chaperone service when they underwent an examination. Information was displayed in the waiting area and in treatment areas about the service and how to access a chaperone during an examination. Staff acting as chaperons had received training to undertake the role of a chaperone. Patients told us that for some examinations they requested to see a female GP or they were accompanied by their relative.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice ensured a flexible service was provided to meet the needs of as many patients as possible, including a weekly late night surgery and an electronic prescribing service.

Patients could access appointments with GPs and with nurses in several ways, for example, by telephone, or by calling into the surgery and by on-line booking system.

Emergency appointments were available each day and children were always seen. Patients reported favourably on telephone consultations they had with GPs.

Complaints were treated seriously and investigated.

Our findings

Responding to and meeting people's needs

The provider had a good understanding of the local area and the patient population group who were registered with the practice. This included a large Bengali community. Consequently interpreter facilities were available to patients whose first language was not English.

The practice opened till 9pm each Thursday, with the latest appointment being made at 8:30pm. Although appointments at this evening surgery were not exclusively for patients who worked we were told that this late surgery was always well attended by both patients who worked and other patients who preferred the late evening surgery. Reception staff told us this was a popular surgery and was always well attended.

The surgery provided home visits for those patients who were too ill or frail to attend in person. GPs provided telephone consultations and extended appointments were made available for any patient whom was identified required additional time, for example, patients with a learning disability.

We saw that the building was suitable for people who used a wheelchair. Disabled toilet facilities were shared with baby changing facilities. Parents we spoke with told us they would have appreciated nappy disposal facilities being provided.

The surgery provided a range of clinics for patient use. Anticoagulation clinics, minor surgery clinics and diabetes clinics, were a few amongst the many clinics provided in response to patient need.

The surgery operated an electronic prescribing service. This enabled prescribers such a GPs and nurse practitioners to send prescriptions electronically to a local pharmacy of a patient's choice.

Access to the service

Access to appointments was an area that we received mixed feedback on from patients with some high level concerns and frustrations expressed by patients about trying to make an appointment by telephone.

We found that patients could access appointments in several ways, for example, by telephone, or by calling into the surgery and by on on-line booking system. We spoke

Are services responsive to people's needs?

(for example, to feedback?)

with several patients some of whom expressed a preference to contact the surgery by telephone when making an appointment and others who reported favourably on the use of the on-line booking system.

Some patients reported that they could usually get an appointment on the day they requested one. Parents reported that children were always seen, and reception staff confirmed that this was the practice.

Other patients reported that the surgery was 'good for emergencies' but told us that it was difficult to get a routine appointment. A number of patients expressed dissatisfaction at not being able to get through to the surgery to make an appointment. One person talked of dialling for over an hour before getting through to a receptionist.

We discussed this with the practice manager and the provider who were fully aware of the difficulties that patients experienced when telephoning into the surgery. The current system meant that a patient may believe that no one was available to respond to their telephone call when in fact reception staff were aware that a patient was telephoning the surgery and they were unable to respond as they were involved on another call. We were told that an alternative telephone system, possibly a 'call waiting' system was being looked at.

We found that the practice did support patient choice and access to appointments as much as it was practical to do so. We found that patients could choose which GP they saw, whether they saw a female of a male GP, patients could access telephone consultations with GPs and late evening surgeries were provided one day per week.

We spoke with patients who had experience of telephone consultations with a GP and they reported favourably on their treatment and contact. One person said: "It's good to be able to speak with a GP by telephone as I'm at work 6 days a week."

Patient waiting areas and consultation rooms were situated on the ground floor and were suitable for disabled and frail patients. There was a disabled toilet in the patient reception area. The entrance to the practice had level floor access and was suitable for wheelchair users, although doors to this area were not automatic. However we observed that this didn't present a problem as staff, patient and visitors assisted in holding and opening doors for people who used wheelchairs.

Concerns and complaints

The surgery had a complaints policy and procedure. We saw a copy of the surgery's complaints policy and procedure which explained how the service responded to complaints and compliments from patients and their representatives or friends.

We saw that all complaints were logged and investigated by the practice manager who consulted with GPs and or nursing staff where relevant. We saw that the provider responded to complaints' in a timely manner and had taken action to resolve complaints.

The practice aimed as far as it was possible to respond to complaints straight away, for example, we saw that reception staff and or the practice manager were mindful to respond and deal with patient's complaints as they arose in an attempt to avoid complaints escalating.

However where complaints could not be easily resolved measures were in place for patients to meet with GPs and other staff at the practice to resolve their complaint. We saw where patients had left comments on the NHS direct website about their experience of care with the surgery the practice manager had left comments advising patients to contact the surgery to discuss their compliant or concerns.

Are services well-led?

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

Summary of findings

The practice had a clear vision around patient care and was proactive in its management of long term health conditions. It was committed to putting patient care at the heart of what they did.

Strong leadership was visible across the whole practice and there were clear lines of accountability and responsibility. Staff told us they felt supported, there was good team work and there was a good inter-disciplinary approach to delivering care in the best interests of patients.

There were a number of systems and audits in place to review the practices performance, including a review of patient groups who had attended for health checks. There were measures in place to target and engage some of the most reluctant patient groups to access good care and treatment.

Our findings

Leadership and culture

The practice had a clear vision around patient care. Staff we spoke with knew that the surgery was committed to providing good quality primary care services for all patients, including the proactive management of long term health conditions throughout a patient's life time and of putting patient care at the heart of what they did.

We observed that leadership was visible across the whole practice and there were clear lines of accountability and responsibility. We spoke with a number of staff many of whom had worked at the practice for some years and others who were new to the surgery. One staff member told us: "…yes there have been changes [to the staff group] but in a very positive way. The practice manager is very approachable, she listens to staff, is accepting of ideas. She doesn't hold you back encourages personal development."

Other staff had worked at the practice for over 12 years or more and they told us that they believed this was a good indicator of how much they enjoyed working at the service.

Staff told us they felt supported, there was good team work including plans for a team building away day, which had previously been a 'great success.' This provided an opportunity to promote the 'vision and values' of the practice. This also meant that mechanisms were in place to support staff and promote their positive wellbeing (away day), to reinforce positive working relationships.

We found there was a good inter-disciplinary approach to delivering care in the best interests of patients. Staff had clearly defined tasks, roles and objectives. Information sharing arrangements were good and each member of staffs contribution was valued. Staff told us they would feel comfortable speaking with senior staff should they have any concerns about the care and treatment provided to patients.

Governance arrangements

We found that there was good communication and an exchange of information across the partners and this ensured that decision making was shared and all parties were consulted. These included a weekly clinical meeting which was attended by partner GPs, salaried GPs, an advanced nurse practitioner and the practice manager.

Are services well-led?

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

These meetings provided an opportunity for peer review. Weekly nurses meetings were held and information from the clinical meeting was shared with nursing staff and the health care assistant.

In addition to these meetings a weekly management meeting was held where imminent practice issues or any other events impacting on the day to day delivery of the service were discussed, for example safeguarding incidents, scheduled training.

We saw that a bi monthly business meeting was held to which the partners attended and the practice manager. The meeting had a strategic view of the practice and considered financial issues and or changes to practice.

Systems to monitor and improve quality and improvement

The practice had a number of audits in place which assisted in reviewing and monitoring its performance. These included a quarterly review of clinical performance data provided by the clinical commissioning group. Other audits included a monthly drug stock take, a review of NHS health checks and of the corresponding patient groups who had attended. We were told that since their appointment the practice manager had been proactive in increasing the number of patients with a learning disability who had a health review. The practice had 42 patients who had a learning disability and in the last 12 months 37 patients had attended for a health review. This included sending our 'easy read' letters to patients.

The practice participated in the quality and outcomes framework system (QOF). This was used to monitor the quality of services in the practice. There were systems in place to monitor services and record performance against the quality and outcomes framework.

The practice manager attended the Greater Manchester practice manager's forum on a monthly basis. This provided them with the opportunity to review how the service was performing in comparison to other GP practices.

Patient experience and involvement

The practice recognised and valued the importance of the views of patients, their relatives and carers. The provider was committed to improving the services they provided to patients. They did this by gathering the views of people who used the service.

The provider took complaints very seriously and systems were in place to monitor complaints and how they were responded to. All comments left on the NHS choices website about the practice were shared with the partners. Comments were reviewed and responded to by the practice manager and this included thanking patients for their feedback and inviting patients to call into the surgery to discuss their complaint in person.

We were told that the provider ran a 'Virtual' patient participation group. This was because of a lack of interest in attending a formal patient participation group meeting. Patients we spoke with had mixed views about the 'Virtual' patient participation group. The majority of patients we spoke with were not aware of the group and a number of others expressed a lack of interest in the group or in joining a 'live' patient participation group. The provider may wish to consider how they could publicise and better promote this group as an opportunity for patient's feedback.

An annual patient survey was sent to patients. This provided feedback on patient experiences. The providers reviewed this information as part of their quality review to see what action could be taken to improve the performance of the practice and improve the service for patients.

A patient who was also a representative of a local Health watch group undertook a patient survey prior to our inspection and shared the findings with us as well as with the provider and practice manager. The survey looked at access to appointments and waiting times. We were told that the provider and practice manager intended to review the findings and consider what action could be taken to improve the service for patients.

We saw that an online newsletter was available to patients and this informed them of changes at the surgery and of any new developments. Several patients told us they were happy to read information about the surgery on the online newsletter, however other patients told us they preferred to get this information in hard copy.

Staff engagement and involvement

meetings, appraisals and supervision sessions. The practice manager had been in post for approximately 12 months. Since coming into post they had developed a system of annual appraisals and supervision.

Are services well-led?

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

The practice manager had held a development session with all staff at the service and this included setting objectives for the next 12 months. We were told that one objective was to the services NHS choices rating from '3 to 4' in next 12 months.

We found there were good systems in place for the dissemination of information to all staff groups.

Full team meetings were held on a quarterly basis and all staff attended including clinical and non-clinical staff. Reception and administration staff met once per month on a Thursday afternoon when GP attended local 'Target' training.

Learning and improvement

The provider had systems in place to review incidents referred to as 'significant events analysis' (SEA). We saw where complex significant events had occurred it was the practice to hold 'Lessons learned case reviews'.

NHS patient safety alerts, for example, medication alerts, were shared with staff. This was a rolling item on the practice's weekly 'clinical meeting' agenda and provided an opportunity for further learning and improvements.

Quality assurance arrangements at the service ensured that performance was continually reviewed and improved.

Training and support arrangements for all staff were in place including the support of GP registrars. Clinical supervision for advanced nurse practitioners could be developed so reporting arrangements were clearer.

We looked at the training records for both clinical and non-clinical staff. The records showed that staff were provided with a range of training which included: infection control, health and safety training, and information governance.

We saw that nursing staff had access to professional development and training and one nurse now contributed to the anticoagulation clinic. Staff told us they were able to request training and were supported to undertake professional development.

Identification and management of risk

The practice had systems to identify, assess and manage risks related to the service. Health and safety issues were discussed at weekly management meetings.

Procedures were in place to record incidents, accidents and significant events and to identify risks to patient and staff safety. The results were discussed at practice meetings, shared with staff and where necessary changes made.

The robust governance and quality assurance arrangements at the practice crucially enabled risk to be identified and effectively managed.