

Fairfax Group Practice

Quality Report

Prestwich Health Centre

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Date of inspection visit: 8 March 2016

Date of publication: 22/06/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Fairfax Group Practice on 8 March 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and well managed. Issues arose in relation to the management of prescriptions.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had skills, knowledge and experience to deliver effective care and treatment, although it was not possible to accurately assess the training staff had completed due to lack of training records.

- The practice had a number of policies and procedures to govern activity.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Most patients we spoke with told us they that they were able to get appointments when they needed them, although a number of patients said they found it difficult to get through to the practice by phone to book an appointment.
- There was a leadership structure in place and staff told us they felt supported by management.
- Although clinical audits had been carried out, they were not completed in a systematic way to reflect patients' needs.
- There was a virtual PPG with more than 500 members.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the safeguarding procedures needed to be amended to reflect current guidance.
- Chaperones were available if required. Staff were trained for the role. A Disclosing and Barring Scheme (DBS) check had not been carried out for the administrative staff who undertook this role. There was no risk assessment in place to justify why the DBS check had not been undertaken.
- An infection control audit of the premises was undertaken in September 2015. Records indicated that the issues raised in the audit had been addressed.
- Arrangements were in place for managing medicines, including emergency drugs and vaccinations. The system to monitor the secure use of prescriptions was not following national guidelines.
- Staff training records were not up to date so it was not possible to assess accurately the training staff had completed.
- Risks to patients were assessed and systems were in place to manage these risks. Equipment was checked for its safe use, health and safety checks were completed on the building and arrangements were in place to deal with emergencies.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- While safety alerts were disseminated to staff, there was no system in place to demonstrate which alerts had been acted on which meant relevant issues could be missed.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

- There were completed audits where the improvements made were implemented and monitored, however there was no systematic approach to which audits were completed.
- Children's attendance at A & E was discussed with GPs on a weekly basis. Avoidable attendances were examined with action taken if necessary to help prevent this reoccurring.
- A trainee GP spoken with confirmed they received good induction training and support when they were first employed.
- An annual appraisal of the administrative staff and nursing staff had not taken place since 2014.
- Staff training records were not up to date.
- Regular monthly meetings took place to provide staff with training and ensure good communication amongst the staff team.

Are services caring?

The practice is rated as good or providing caring services.

Good



- Data from the National GP Patient Survey showed patients felt they were well treated. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced.
- Patients spoken with 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.
- Staff told us that translation services were available for patients who did not have English as a first language.
- We saw staff treated patients with kindness and respect.
- Some information about patients was not stored securely so did not maintain their confidentiality. Said they address it immedicably.
- Information was available to patients about services provided at the practice and community support groups.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- There were longer appointments available for patients with a learning disability and home visits were available for older patients and patients who would benefit from these.

Summary of findings

- Baby facilities were not available.
- The practice had received the gold Pride in Practice award for the services it provided to lesbian, gay, bisexual and transgender patients.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. However, patients spoken with told us they found it easy to make an appointment with a named GP.
- Information about how to complain was available.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a 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.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity.
- Regular governance meetings were held to ensure good communication.
- The practice was engaged with the local Clinical Commissioning Group to ensure services met the local population needs.
- An understanding of the performance of the practice was maintained, however, some improvements were needed to ensure more efficient monitoring and reviewing of the systems in place.
- The partners in the practice had experience, capacity and capability to run the practice and ensure good quality and safe care.
- A survey of patients' views of the service took place in 2015. An action plan was developed for 2015 - 2016 to address any identified shortfalls in the service provision. For example, the number of on-line appointments has been increased for pre booking and on the day appointments. Also texting and emailing patients will be introduced to remind patients of pre-booked appointments and to invite them for health checks and immunisations etc.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- Staff at the practice had considered ways to improve the service at different levels.

Requires improvement



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

There were aspects of the practice which required improvement and this related to all population groups.

There were however some examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The service was provided in line with the Gold Standard Framework to support patients at the end of their life.
- Three surgeries were provided each week to over 140 patients registered with the practice and who lived in two local nursing homes.
- All patients over the age of 75 years had a named GP.
- Staff actively encouraged patients over 65 years to have a pneumonia vaccination. There was an 80% flu uptake in patients aged 65 years and over.
- Hospital admissions for patients over 75 years were monitored.

Requires improvement



People with long term conditions

There were aspects of the practice which required improvement and this related to all population groups.

There were however some examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health care professionals to deliver a multidisciplinary package of care.
- Nursing staff aimed to check patients multiple conditions at one appointment, so they did not have to attend the surgery twice.
- Patients at risk of increased hospital admission had care plans in place in line with the Unplanned Admissions Scheme.

Requires improvement



Summary of findings

- Home visits were carried out when necessary for housebound patients.
- Referrals were made Bury Exercise and Therapy Scheme.

Families, children and young people

There were aspects of the practice which required improvement and this related to all population groups.

There were however some examples of good practice:

- Children's attendance at A & E was monitored by nursing staff and discussed with GPs each week. Avoidable attendance was reviewed and action taken to support the patient at the practice if required.
- The percentage of patients with asthma who had an asthma review in the preceding 12 months was comparable to local and national averages. 71% of patients with asthma, on the register, have had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions. This compared to a local average of 75%.
- The percentage of women aged 25-64 who have had a cervical screening test in the 5 years was comparable to local and national averages.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Any child under the age of 12 years was offered an appointment or telephone triage call at any time during normal working hours.
- Flexible appointments were available from 7.30 am until 6.00 pm, and until 7.00 pm two days per week.
- Female health clinics were available.
- Weekly baby clinics and health visiting services were available.

Requires improvement



Working age people (including those recently retired and students)

There were aspects of the practice which required improvement and this related to all population groups.

There were however some examples of good practice:

- The practice offered online services as well as a full range of health promotion and screening.
- Flexible appointments were between 7.30am and 6pm, and until 7pm two days per week.

Requires improvement



Summary of findings

- The practice was part of the Bury Federation which runs an extended working hour's service for Bury registered patients from the practice from 6.30 pm until 8.00 pm most evenings and from 8.00 am until 6.00 pm at weekends and bank holidays.
- Pre-bookable appointments were available up to one month in advance.
- On the day appointments, telephone appointments and a telephone triage service was available from Monday to Friday.
- On-line appointments and on-line repeat prescription requests were available.
- Patients were invited and encouraged to attend NHS Health Checks.
- Health trainers were available within the practice to support patients in making healthy lifestyle changes as well as a smoking cessation worker.

People whose circumstances may make them vulnerable

There were aspects of the practice which required improvement and this related to all population groups.

There were however some examples of good practice:

- The practice offered longer appointments for patients with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- Patients were given information about how to access community support groups.
- 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.
- All patients with a learning disability had an annual health check.
- Home visits were available for vulnerable patients.
- The practice participated in a pilot scheme with the Bury Carers Team which provides carers with emotional support and practical help and advice.

Requires improvement



People experiencing poor mental health (including people with dementia)

There were aspects of the practice which required improvement and this related to all population groups.

There were however some examples of good practice:

Requires improvement



Summary of findings

- The percentage of patients diagnosed with dementia who have had their care reviewed in a face to face meeting in the last 12 months was comparable to the national average.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice provided patients experiencing poor mental health with information about how to access various support groups and voluntary organisations.
- There was a system to monitor patients who had attended A & E where they may have been experiencing poor mental health.
- Annual dementia reviews were undertaken by trained members of staff, supported by the GP lead in dementia.
- Dementia awareness training was planned for all staff.
- One GP has special expertise in the diagnosis and treatment of mental health disorders.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016 showed the practice was performing in line with national averages in some areas and below in other areas. 386 survey forms were distributed and 121 were returned. This represented 1.15% of the practice patient list.

- 48.7% of patients found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 80% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 70% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, 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 22 comment cards which were all positive

about the standard of the service they received. Patients said they were treated with dignity and respect by all staff members and found the premises clean and tidy. Patients said the clinical staff had a caring manner and were good listeners. They said the reception staff were kind and helpful. Patients commented the service was organised and referrals were made when necessary. They said a good service was provided to families with appointments available for children. Four patients commented they sometimes found it difficult to get through to the surgery by phone to book an appointment.

We spoke with eight patients during the inspection. Overall patients said they were happy with the care they received although one patient said the standard of the service had declined over recent years and another described the service as 'acceptable'. Patients said they were given information about how to manage their health care issues and clinicians explained things in a way they could understand. They said they were never rushed during consultations. All but two patients said information about test results was shared promptly.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure Disclosing and Barring Scheme checks are carried out for staff who act as chaperones.
- Ensure staff are provided with an appraisal of their work.
- Ensure information about patients is stored securely.
- Ensure a record is kept of prescriptions used and carry out a risk assessment to ensure the safe storage of prescriptions at all times.

Action the service **SHOULD** take to improve

In addition the provider should:

- Expand the level of information in the practice's safeguarding procedures.
- Maintain accurate staff training records.
- Set up an efficient system for managing safety alerts.
- Take steps to ensure good standards of hygiene in public toilets.
- Carry out clinical audits and re-audits in a more systematic way to improve patient outcomes.
- Monitor the minimum and maximum temperature of medicine fridges.
- Review the current information governance systems to assess, monitor and improve the quality and safety of the services provided.

Fairfax Group Practice

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 adviser, a practice nurse specialist adviser and an expert by experience.

Background to Fairfax Group Practice

Fairfax Group Practice is located in Prestwich, Manchester. There are seven GPs working at the practice. There are four partners, three male and one female, and two salaried GPs, both male. There is one regular female locum GP. One of the salaried GPs also works on a locum basis. The practice is a GP teaching and training practice. Teaching practices take medical students and training practices have GP trainees and Foundation Year 2 doctors. There are two practice nurses, one is a prescribing nurse and both are female. There is an assistant practitioner and two health care support workers, both female. There is a team of administrative staff made up of a practice manager, an assistant practice manager, an administration manager, three administrators, two medical secretaries and seven receptionists.

The practice is open between 8.30 am and 6 pm Monday to Friday. Appointments are from 8 am to 12 pm and from 2 pm to 6 pm Monday to Friday. The surgery is closed from 1 pm to 3.00 pm on the second Thursday of each month for staff training. Extended hours are provided between 7.30am and 8am Monday, Tuesday, Thursday and Friday, and between 6pm and 7pm on Monday and Wednesday.

Telephone cover is provided by the Bury Clinical Commissioning Group during this time. Patients requiring a

GP outside of normal working hours are advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

There are approximately 10,488 patients registered at the practice. 15.2% of patients are 65 years and over, this includes 1.7% in residential care homes. 18.2% of patients are 14 years and younger and 6.41% of patients are from a black minority ethnic background.

Why we carried out this inspection

We inspected this service as part of our 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 8 March 2016. During our visit we:

- spoke with a range of staff including two GPs, a trainee GP, the practice manager, a member of the nursing staff, a health care assistant and two members of the administration team
- reviewed comment cards where patients and members of the public shared their views and experiences of the service
- spoke with eight patients
- reviewed policies, audits, personnel records and other documents relating to the running of the practice.

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. The practice carried out a thorough analysis of the significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Learning from significant events was well documented and lessons were shared to make sure action was taken to improve safety in the practice. For example, a new system for dealing with emergencies later in the day had been introduced following an incident when a patient telephone call was missed. Each significant even was reviewed to ensure identified actions were completed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.

Overview of safety systems and processes

The practice did have some systems, processes and practices in place to keep patients safe and safeguarded from abuse, however, improvements were required.

- 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 outlined who to contact for further guidance if staff had concerns about a patient's welfare. The safeguarding policy did not include information about how to manage a safeguarding incident if the allegation was against a member of staff. The adult and children's safeguarding contact information pack contained general information relating the local guidance, however, it was not dated, had no review date in place and was not personalised to the practice. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible. Staff spoken with demonstrated they understood their responsibilities with regard to safeguarding and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. This notice was not displayed in the clinical rooms as well. Both clinical

and administrative staff acted as chaperones.

Administrative staff were trained for the role although they had not received a Disclosure and Barring Service (DBS) check for this role. (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). There was no risk assessment in place to justify why no DBS check had been undertaken.

- The practice maintained appropriate standards of cleanliness and hygiene in most areas and a property maintenance company provided daily cleaners. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We looked at the clinical rooms used by the nursing staff. They were tidy and equipped with appropriate hand washing facilities, disposable bins and guidance about needle stick injuries. Reception staff were trained to handle specimens. There was an infection control protocol in place and staff were trained in infection control. Although records indicated that staff were trained in infection control, we could not establish clearly when this had been completed. The practice manager was aware the training records needed to be updated and was in the process of addressing this. An infection control audit of the premises and the minor surgery room was undertaken in September 2015. Records indicated that action had been taken to address the issues raised. Cleaners came into the building daily, however, there was no cleaning schedule in place to ensure staff knew exactly what work was carried out. On the day of the inspection both public toilets were leaking and one was dirty. We were informed this issue had been reported to the property maintenance company. A sanitary bin was only provided in one toilet. No information was available on the immunisation status of clinical staff.
- Arrangements were in place for managing medicines, including emergency drugs and vaccinations. This included systems for obtaining, prescribing, recording, handling, storing and security. The practice carried out regular medicine checks. The emergency medicines check logged 'all drugs checked' rather than recording information such as the name of the drug and expiry date. The fridges were checked daily and the log was dated and signed, and the two vaccines checked were in

Are services safe?

date. No separate audits were completed to confirm the checks had taken place. The vaccine fridges had one internal thermometer and a record of the temperature was kept. In the absence of two thermometers, it was recommended that a monthly check was carried out to confirm the calibration was accurate. We saw no evidence that this had taken place.

The use of prescriptions was not well managed. Prescription pads were stored securely although the prescriptions held in printers were not removed at night. While the clinical rooms were locked at night, cleaners had access to the rooms each morning. Also staff were not following national guidelines in relation to the monitoring of prescriptions as a record of the prescription numbers was not kept in order to monitor their use.

- One of the nurses was a qualified Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They confirmed they received very good support from GPs for this extended role.
- We checked two doctors' bags. The equipment carried was appropriate, clean and calibrated to ensure it was safe to use. The practice had the support of an in house pharmacist for the management of medicines.
- We reviewed five personnel files and found some recruitment checks had been undertaken prior to employment. For example, proof of identification, references and qualifications. Disclosure and Barring Service checks had been completed for clinical staff and the practice manager was in the process of updating these records. A recruitment policy was available to support staff through the recruitment and selection procedure.
- We found a selection of current patient notes stored on top of a large cupboard rather than being locked away to ensure patients' confidentiality.

Monitoring risks to patients

Risks to patients were assessed and systems were in place to manage these risks.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use, and clinical equipment was checked to ensure it was in good working order. The building was tested regularly for 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. The practice manager and one of the GPs reviewed the appointment capacity each month to ensure that enough staff were on duty.

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.
- The practice had a defibrillator and oxygen available on the premises. Records indicated this was checked regularly. A first aid kit and accident book was also available.
- The practice had a 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 patients' 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and safety alerts. While safety alerts were disseminated to relevant staff by the practice manager, and one of the GPs was the lead for actioning alerts, there was no system in place to monitor which alerts had been acted on which meant relevant issues could be missed.

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 showed the practice had achieved 89.5% of the total number of points available, with 7.4% 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 practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed the following:

- Performance for diabetes related indicators was slightly above the national average. 90% patients with diabetes had a record of a foot examination and risk classification within the preceding 12 months. This compared to a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was slightly above the

national average. 84% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less. This compared to a national average of 83%.

- Performance for mental health related indicators was slightly higher than the national average. 95% of patients with schizophrenia, bipolar affective disorder and other psychoses have a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared to a national average of 88%

Clinical audits were completed and demonstrated quality improvement. We looked at two clinical audits completed in the last two years. These were completed audits where the improvements made were implemented and monitored. Evidence demonstrated that improvements had been made to patients care, for example one audit resulted in improved blood monitoring after a patient commenced the use of medicines used to lower cholesterol.

Some improvements could be made to the quality of the audits. This would include setting standards; improved documentation recorded in relation to outcomes and identified actions. Clinical audits were based on national guidelines; however there was no planned approach to which audits were completed.

Children's attendance at A & E was discussed with GPs on a weekly basis. Avoidable attendances were examined with action taken if necessary to help prevent this reoccurring.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non clinical staff. It covered such topics as infection prevention and control, health and safety, confidentiality, details about the management structure and the practice complaint procedure. The second year trainee GP confirmed they received good induction training and support from other GPs at the practice. A new doctor's pack had been set up to support new GPs. This contained clear information about the practice protocols and procedures.
- We were informed that a member of the clinical staff had also received comprehensive induction training

Are services effective?

(for example, treatment is effective)

when they first started their role, and their competence had been assessed to ensure they were confident and safe to carry out their duties. We were informed there was no record of the competency observations.

- The practice demonstrated 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 were trained for their role and stayed up to date with changes to the immunisation programmes by access to on line resources and discussion at practice meetings.
- Staff said they had access to appropriate training to meet their learning needs and to cover the scope of their work, however we could not accurately assess the training staff had completed as training records were incomplete. There was ongoing staff support through regular meetings to ensure good communication, and clinical supervision and facilitation for revalidating GPs.
- Regular monthly meetings took place for the purpose of ensuring good communication amongst the staff team and providing staff training. The training was provided in house by the GPs or by an external trainer. Issues covered included diabetes updates, safeguarding and dementia awareness.

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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- There was a regular staff newsletter which provided information about updates to IT systems, general reminders about practice protocols and general information about the running of the practice.

- Information about patients who were at the end of their life was shared with the out of hour's provider and ambulance service to ensure they received the care they needed.
- One of the GPs attended the monthly Bury Federation and Clinical Commissioning Group meetings to ensure the practice was continually updated and engaged with local initiatives.

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 monthly basis and that care plans were routinely reviewed and updated. Meetings took place to discuss patients who were at the end of their life and the Gold Standards Framework was in place to ensure these patients received the care they needed.

Consent to care and treatment

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

- GPs in the practice 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, GPs 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 or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

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. Patients were then signposted to the relevant service. Posters and information about was available in the patient waiting area. There was a smoking cessation advice service available at the practice along with a drug rehabilitation support clinic which was

Are services effective?

(for example, treatment is effective)

run in conjunction with the substance misuse team. A support group called Healthy Trainers was available each week at the practice. Patients could refer themselves to this clinic or through a clinician.

The practice's uptake for the cervical screening programme was 91%, which was above the national average of 82%. There was a system in place to contact patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99% and five year olds from 89% to 93%.

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-up appointments 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 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 they could offer them a private room to discuss their needs.

All of the 22 patient Care Quality Commission (CQC) comment cards we received were positive about the service the experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring, and treated them with dignity and respect.

We spoke with a member of the patient participation group. They also told us they were satisfied with the care provided by the practice. They confirmed they completed regular quality assurance questionnaires in order to put forward their views of the service. CQC comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed some patients felt they were treated with compassion, dignity and respect. The practice was about average and slightly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 84% of patients said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 76% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).

- 82% of patients said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

These results were discussed with the GPs. They were concerned and surprised at the results and said they would look further into why patients had these views.

Care planning and involvement in decisions about care and treatment

Patients spoken with told us they 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. Patient feedback on the comment cards we received was also positive and aligned with these views. However, the results from the national GP patient survey showed that while patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, results were slightly below local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting area informed patients how to access local support groups and organisations such as Healthy Minds, The Lesbian, Gay, Bisexual and Transgender Foundation, and the mother baby clinics.

The practice had a carer's register which was regularly updated. Staff directed carers to the Bury Carers Centre

Are services caring?

which provided emotional support and practical advice carers. Carers were also referred to local community services such as a dementia support group, a cancer bereavement service and the Bury hospice.

A list of deaths was not kept and there was no system for helping bereaved families or keeping staff informed of

patients deaths or kept. We asked patients whether they received support from the practice at a time of bereavement. This area of care was not applicable to the patients spoken to.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Longer appointments were available for patients with a learning disability and for older patients who would benefit from these
- A register was kept of patients with a learning disability so their health care needs could be monitored more closely.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Baby facilities were not available.
- The practice had received the gold Pride in Practice award from the Lesbian Gay Bisexual and Transgender (LGBT) Foundation. This initiative acknowledges the standard of service provided in lesbian, gay and bisexual healthcare. Receiving this award included providing staff with training on LGBT healthcare awareness.

Access to the service

The practice was open between 8.30 am and 6 pm Monday to Friday. Appointments were from 8 am to 12 midday and from 2 pm to 6 pm Monday to Friday. The surgery was closed from 1 pm to 3.00 pm on the second Thursday of each month for staff training. Extended hours were provided between 7.30am and 8am Monday, Tuesday, Thursday and Friday, and between 6pm and 7pm on Monday and Wednesday. Patients requiring a GP outside of normal working hours were advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery

number and the call will be re-directed to the out-of-hours service. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local and national average.

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 48% of patients said they could get through easily to the surgery by phone (CCG average 60%, national average 73%).
- 43% of patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 59%).

Most patients we spoke with told us they that they were able to get appointments when they needed them, although a number of patients said they found it difficult to get through to the practice by phone to book an appointment. This was also indicated in the CQC comment cards. The availability of appointments was monitored by the practice manager to see where improvements could be made.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. We looked at a summary of the complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way and managed with openness and transparency. Records looked at indicated that lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, there had been an error in a patient referral to secondary services. All staff involved were informed of the error with refresher training provided to prevent this issue reoccurring.

Are services well-led?

Requires improvement 

(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 vision and strategy to deliver quality care and promote good outcomes for patients and a poster displaying the vision and values was displayed in the patient waiting area. Staff knew and understood these values. Staff engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs. However, concerns were found in some areas of the running of the practice which did not support the implementation of the strategy. For example improvements were required in relation to safeguarding procedures, staff employment checks and the management of prescriptions.

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.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained, however, some improvements were needed to ensure more efficient systems were maintained. For example, while clinical audits were completed and demonstrated quality improvement, some improvements could be made to the quality of the audits. This would include setting standards; improved documentation recorded in relation to outcomes and identified actions. Although, clinical audits were based on national guidelines there was no planned approach to which audits were completed.
- Records of training and competency assessments were not always evident. There was no clear log to enable the management team to identify and monitor who had completed training and when.

Leadership and culture

The partners in the practice had experience, capacity and capability to run the practice and ensure good quality and safe care. While there was some evidence to demonstrate they prioritised safe and compassionate care, some areas of the running of the practice needed to be monitored

more closely to ensure the efficient and effective running of the service. For example, the improved management of prescriptions. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

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

- Staff told us the practice held regular team meetings.
- 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. A 'team day' was organised last year for the purpose of developing working relationships and maintaining a good team spirit.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners 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 pro-actively 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 virtual PPG with more than 500 members. They received regular e-mail information, updates on practice developments and copies of the patient surveys so they could comment on the service provided. A survey of patients' views of the service took place in 2015. An action plan had been developed for 2015 - 2016 to address the identified shortfalls in the service provision

Are services well-led?

Requires improvement 

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

and to develop the service to further meet patients' health care needs. A regular newsletter was produced to keep patients informed about developments in the service.

- The practice gathered feedback from staff through team days and staff meetings, and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Staff at the practice had considered ways to improve the service at different levels.

- The health care assistant was the dementia champion and worked closely with one of the GPs who took responsibility for dementia care.

- Two of the administrative staff were appointed as carer co-ordinators. They ensured the carers list was up to date and passed information to the Bury Carers Service (with patients' permission) who offered practical advice and help, and emotional support.
- The practice had supported the health care assistant's application to train as a nurse.
- The staff continually worked together as a team to support local community services and charities through fundraising events.
- Staff worked with the CCG and NHS property services to plan for a possible new building in which to operate from.
- Staff monitored telephone access and waiting times for appointments. Steps had been taken to improve this part of the service. Additional staff had been recruited, a new phone system had been installed and regular catch up slots were inserted within surgery sessions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
The provider had not carried out a Disclosure and Barring Service check on all staff who act as chaperones.

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
The provider could not demonstrate they were following national guidelines in relation to monitoring the use of prescriptions.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The provider could not demonstrate that staff received regular appraisal of their performance in their role.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The provider could not demonstrate that information about patients was kept secure at all times.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.