

Gorton Street Practice

Quality Report

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Date of inspection visit: 22 June 2016
Date of publication: 28/07/2016

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gorton Street Practice on 22 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- In response to the needs of the local population, the practice offered a sexual health clinic to all patients in the area both registered at the practice or elsewhere. They offered all patients free HIV screening.

Summary of findings

- The practice had a higher percentage of lesbian, gay, bisexual and transgender (LGBT) patients (7%) on its list compared to the national average (1.5%). The practice had been recognised as being LGBT friendly by the local LGBT group and had been awarded the Navajo mark.

The areas where the provider should make improvement are:

- Ensure that systems are put in place to check that actions identified by significant event reports are put in place and are effective.
- Ensure that all items of communication received by the practice are seen by the GPs before being filed.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. We saw however that the practice did not routinely revisit agreed action plans to ensure that they had been completed and were effective.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We saw positive examples of staff reporting and managing patient incidents related to child safeguarding and domestic violence
- Risks to patients were assessed and well managed. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice had not considered keeping a copy of this plan off site but said that they would arrange for this following our visit.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The information needed to plan and deliver care and treatment was generally available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. However, the practice did not have a thorough system for dealing with all communication received. Not all written communication was seen by the GP as would be expected.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care. Patients we spoke to and other patient feedback such as the friends and family test (FFT) said that they felt supported and listened to.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice worked with other neighbouring practices and the CCG to develop a new community service for patients in the area.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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 practice dealt with home visit requests in a prompt and safe manner.
- The practice offered a named GP for all patients aged over 75 years of age. Patients told us that they could get an appointment easily with the GP of their choice for a routine matter.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) and national averages. For example, blood measurements for diabetic patients showed that 83% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

Outstanding



Summary of findings

example, children and young people who had a high number of A&E attendances. The practice had a register of all looked after children and a high awareness of its safeguarding responsibilities.

- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice offered a referral to all teenage pregnancy mothers to a family nurse practitioner to support them through their pregnancy and with the new baby. The practice showed us figures relating to 2009 to 2016 that indicated a reduction in the rate of teenage patients having babies.
- The practice offered condoms free in the practice.
- In response to a staff suggestion, the practice sent a new baby letter to all new mothers which offered congratulations and gave advice and information on patient support services.
- Patients could access social care advice clinics in the practice premises and smoking cessation advice was available from the practice pharmacist or by referral to a local support group.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments were available for children and the practice ensured that these were always available by specifically allocating them on the practice computer system.
- In response to the needs of the local population, the practice offered a sexual health clinic to all patients in the area both registered at the practice or elsewhere. They offered all patients free HIV screening.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered late opening until 8pm on Monday and Tuesday as well as Saturday morning.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They had a good awareness of useful services for homeless patients and referred patients to these when appropriate.
- The practice offered longer appointments for patients with a learning disability.
- One of the practice staff had some knowledge of basic sign language.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a higher percentage of lesbian, gay, bisexual and transgender (LGBT) patients (7%) on its list compared to the national average (1.5%). The practice had been recognised as being LGBT friendly by the local LGBT group and had been awarded the Navajo mark.

People experiencing poor mental health (including people with dementia)

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

Good



- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- 92% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. They supported a new service for patients that offered timely therapy for people feeling depressed or anxious. We saw evidence that by signposting patients to this new service, the practice had reduced their patient referrals to mental health services.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 400 survey forms were distributed and 69 were returned. This represented 1.8% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 49% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 68% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

These results did not reflect what we found on the day of inspection. As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. One card highlighted the fact that the appointment system had greatly improved over the course of the last three months. Patients praised the high level of service at the practice and the friendliness of the staff.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice promoted the friends and family test with its patients. This also showed a high level of satisfaction with the services at the surgery and commented on the helpfulness and professionalism of the staff and the ease of getting an appointment.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that systems are put in place to check that actions identified by significant event reports are put in place and are effective.
- Ensure that all items of communication received by the practice are seen by the GPs before being filed.

Outstanding practice

- In response to the needs of the local population, the practice offered a sexual health clinic to all patients in the area both registered at the practice or elsewhere. They offered all patients free HIV screening.
- The practice had a higher percentage of lesbian, gay, bisexual and transgender (LGBT) patients (7%) on its list compared to the national average (1.5%). The practice had been recognised as being LGBT friendly by the local LGBT group and had been awarded the Navajo mark.

Gorton Street 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 and a practice nurse specialist adviser.

Background to Gorton Street Practice

Gorton Street Practice is situated in central Blackpool within the Sure Start Children's Centre, a building owned by the local Blackpool council. The building is a purpose built two-storey building. All patient areas are situated on the ground floor of the practice except for one room upstairs for patient counselling services.

There is limited onsite parking for patients but street parking is available and the practice is close to public transport. The practice provides services to 3890 patients.

The practice is part of the NHS Blackpool Clinical Commissioning Group (CCG) and services are provided under an Alternative Provider Medical Services Contract (APMS) (this contract allows for services to be provided by outside organisations). At Gorton Street Practice, the practice GP services are provided by a GP partnership at a neighbouring practice.

There is one male GP partner, one male salaried GP and one male regular locum GP. The practice is a training practice for medical students and GP trainees at different stages of their learning. At the time of inspection, there was one male GP registrar working at the practice. At times of GP absence from the practice there are an additional two GP partners, one male and one female, who can provide GP

services. The practice also employs two practice nurses, a health care assistant, one phlebotomist who also works as an administrator and one clinical pharmacist. Non-clinical staff consist of a practice manager and six administrative and reception staff who support the practice.

The practice is open between 8am and 8pm on Monday and Tuesday and between 8am and 6.30pm on Wednesday to Friday. Extended opening hours are offered on Saturday mornings between 9am and 12 noon. When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

The practice has a significantly larger proportion of patients aged under four years of age (11%) compared to the national average (6%) and more patients (30%) aged less than 18 years of age compared to the national average of 17%. There are also significantly fewer patients aged over 60 years of age (9%) compared to the national average of 22%.

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

The practice caters for a larger proportion of patients experiencing a long-standing health condition (68% compared to the local average of 63% and national average of 54%). The proportion of patients who are in paid work or full time education is lower (33%) than the CCG average of 52% and lower than the national average of 62% and unemployment figures are significantly higher, 30% compared to the CCG average of 7% and the national average of 5%.

The practice provides level access for patients to the building with automated entry doors and is adapted to assist people with mobility problems.

Detailed findings

Why we carried out this inspection

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.

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 22 June 2016. During our visit we:

- Spoke with a range of staff including three GPs, one of the practice nurses, the clinical pharmacist, the health care assistant, the phlebotomist, the practice manager, two members of the practice administration team and spoke with patients who used the service and one member of the practice patient participation group (PPG).
- Observed how patients were being cared for and talked with family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was incident where a staff member working alone was threatened by two patients who had entered the building before the practice opened. In consultation with the other service occupying the building, the practice agreed that they would only open the building doors just before 8am and that there would always be two staff members on site when this happened.

We saw however that the practice did not routinely revisit agreed action plans to ensure that they had been completed and were effective.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice was aware of the exact numbers of children on their child protection and looked after registers. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw positive examples of staff reporting and managing patient incidents related to child safeguarding and domestic violence. GPs were trained in adult safeguarding and were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a list of those staff who acted as chaperones on the back of every treatment and consulting room door.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who had been trained for the role and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice pharmacist carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber

Are services safe?

and could therefore prescribe medicines for specific clinical conditions. The nurse received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure enough staff were on duty. The practice benefited from support from the GP partnership at a neighbouring practice during times of GP absence.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. There was a separate box of medicines that were appropriate for treating anaphylaxis (a severe, potentially life-threatening allergic reaction that can develop rapidly). This was taken to situations where it may be needed such as during a clinic for vaccinating babies. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had not considered keeping a copy of this plan off site but said that they would arrange for this following our visit.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had also developed its own clinical protocols for use in treating patients such as the management of patients who were choking.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.6% of the total number of points available. Exception reporting figures for the practice were generally comparable to the clinical commissioning group (CCG) and national averages (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). We asked staff about some areas of chronic disease where exception reporting was high. Staff told us that they always encouraged patients to attend the practice for review and that they invited patients at least three times and we saw evidence of this.

The practice used a variety of prompts on the electronic patient computer records to alert staff to patients who were identified as needing specific treatment and/or were on practice registers of patients with chronic disease or health status. These prompts allowed staff to target patients appropriately and encourage them to attend the practice when necessary.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) and national averages. For example, blood measurements for diabetic patients showed that 83% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%. Also, the percentage of diabetic patients with well-controlled blood pressure was 86% compared to the CCG average of 84% and the national average of 78%.
- Performance for mental health related indicators was better than the national averages. For example, 92% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 88% and 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an increase of 57% in the numbers of patients taking hormone replacement therapy (HRT) having an annual face-to-face review in the practice.

Information about patients' outcomes was used to make improvements. With the help of administration, one of the practice nurses audited the outcomes of fitting and removing contraceptive implants annually and used it to assess and improve performance.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the practice nurses ran a sexual health clinic and had undertaken appropriate training to enable this including training in the management of patient sexually transmitted infection.
- One of the practice nurses had initiated email communication with a diabetic consultant at the local hospital. This enabled the clinical management of difficult diabetic patients to be discussed more effectively.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training as well as training from external agencies.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was generally 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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

However, the practice did not have a thorough system for dealing with communication received. Not all written communication was seen by the GPs as would be expected.

Staff worked together and with other health and social care professionals 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. The practice contacted vulnerable patients recently discharged from hospital and arranged for referrals to other services where necessary. Meetings took place with other health care professionals every two months when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP 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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and support for pregnant teenage patients. The practice offered a referral to all teenage pregnancy mothers to a family nurse practitioner to support them through their pregnancy and with the new baby. The practice showed us figures relating to 2009 to 2016 that indicated that while the number of female patients aged between 15

Are services effective?

(for example, treatment is effective)

and 17 years of age on the practice list had risen from 24 to 56, the numbers of those patients who had given birth had not increased. This indicated a reduction in the rate of teenage patients having babies.

- The practice offered condoms free in the practice.
- In response to a staff suggestion, the practice sent a new baby letter to all new mothers which offered congratulations and gave advice and information on patient support services.
- Patients could access social care advice clinics in the practice premises and smoking cessation advice was available from the practice pharmacist or by referral to a local support group.

The practice's uptake for the cervical screening programme was 70%, which was lower than the CCG average of 81% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice tried to increase patient uptake of cervical screening by allowing access to this service at all times of the day and by opportunistically encouraging patients whenever they attended the practice. They ensured a female sample taker was available. The practice also encouraged its patients to

attend national screening programmes for bowel and breast cancer screening although results for these programmes were statistically very low compared to local and national averages. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were better than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 99% and five year olds from 88% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The pack given to new patients contained information on the practice policy on the prescribing of certain medications and stressed the importance of a new patient health check.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs and there was a notice in reception telling patients about this.

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

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. They also said that they felt valued by the practice.

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

- 68% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG and the national averages of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 61% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

However, the practice was above average for its satisfaction scores on consultations with nurses. For example:

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 100% of patients said the nurse gave them enough time compared to the CCG average of 95% and the national average of 92%.

Also:

- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

On the day of the inspection we specifically asked patients about their experience at the practice when they saw their GP. Patient comments did not support the results of the GP survey and patients said that they did not feel rushed during their appointment and praised the care and empathy shown by the GPs.

Care planning and involvement in decisions about care and treatment

Patients 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

However, results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment when related to GPs. Results were below local and national averages for GPs and above averages for nurses. For example:

- 66% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national averages of 86%.
- 63% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Are services caring?

- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

We spoke to the practice about these results and they told us that they had no explanation as to why they seemed to differ from other patient feedback. The practice actively promoted the friends and family test (FFT) to their patients, attempting to obtain a minimum of six patient feedback forms every week. This had not indicated any problems with GP care and treatment, in fact they evidenced a positive response to these areas. Also, the practice had only received three complaints in the past year, all verbal, and none of these were relevant in this respect.

The practice provided facilities to help patients be involved in decisions about their care:

- 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. The practice had a small proportion of patients who were Romanian and they were awaiting practice leaflets from the CCG that had been translated for these patients. They had also actively researched the availability of information in Romanian for patients but found none available.

- The practice pharmacist had medication information available for those patients on the practice list who were Polish.
- Information leaflets were available in easy read format on patient request.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (2% of the practice list). They asked all new patients to identify themselves if they were either a carer or had a carer and support was available from a local carers' support organisation. The practice actively signposted carers to local available support.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice worked with other neighbouring practices and the CCG to develop a new community service for patients in the area.

- The practice offered patient appointments on a Monday and Tuesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those with complex needs. All patient appointments were 12 minutes long.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice supported patients with drug and alcohol dependence and referred them to support services.
- The practice was situated next to a centre for homeless people and had a good knowledge of those services that could be offered to homeless patients.
- The practice supported a new service for patients that offered therapy for people feeling depressed or anxious. This service enabled patients to self-refer and get more timely access to help with these problems. We saw evidence that by signposting patients to this new service, the practice had reduced their patient referrals to mental health services. They had made 137 patient referrals during the six months before the new service started and only 42 patient referrals during the six months afterwards.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice ensured that these were always available by specifically allocating them on the practice computer system.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice manager was able to offer basic signing to those patients with hearing or learning difficulties.

- In response to the needs of the local population, the practice offered a sexual health clinic to all patients in the area both registered at the practice or elsewhere. They offered all patients free HIV screening.
- The practice had a higher percentage of lesbian, gay, bisexual and transgender (LGBT) patients (7%) on its list compared to the national average (1.5%). The practice had been awarded the Navajo mark by the local LGBT group as being LGBT friendly.
- Although we saw a generous patient waiting area, there was a notice in the room asking patients to tell reception staff if more chairs were needed. Reception would then supply them to patients needing to sit down while they waited.

Access to the service

The practice was open between 8am and 8pm on Monday and Tuesday and between 8am and 6.30pm on Wednesday to Friday. Extended opening hours were offered on Saturday mornings between 9am and 12 midday. Doctor appointments were from 9am to approximately 5pm on week days with later appointments on a Tuesday until 6.36pm and until 7.12 for urgent appointments. Extended hours appointments were offered every Saturday from 9am to 11.12am and until 11.36 for urgent appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for people that needed them. These appointments were dedicated on the booking system and always included those for children under 12 years of age.

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

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 55% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 49% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

The low results did not reflect what we found on the day of inspection. As part of our inspection we asked for CQC comment cards to be completed by patients prior to our

Are services responsive to people's needs?

(for example, to feedback?)

inspection. We received six comment cards and two cards said that they had no problem in getting an appointment. One card highlighted the fact that the appointment system had greatly improved over the course of the last three months.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

When staff received requests for home visits, they informed the GP who usually telephoned the patient or carer/family member making the request and assessed the need for the visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a leaflet in reception explaining the process and patients told us that they knew how to make a complaint.

The practice had only received three complaints in the last 12 months, all of which had been verbal. We looked at these complaints and found they had all been dealt with in a timely way and with openness and honesty. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, during a patient examination, the patient noticed a camera on an adjoining building and was concerned. The practice got confirmation that the camera was no longer active, reassured the patient and decided that in future the window blinds would be tilted to reassure patients that their privacy and dignity were respected.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice shared common values and worked to ensure that they underpinned everything that they did.
- The practice services were provided under an Alternative Provider Medical Services Contract (APMS) (this contract allows for services to be provided by outside organisations). At Gorton Street Practice, the GP services were provided by a GP partnership at a neighbouring practice and this contract was due to finish in September 2016. At the time of inspection, the partnership had tendered for the new contract but the outcome was not expected for another three weeks. The practice had therefore decided to defer making business plans and strategies until the result of the tender was known.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were lead staff for all major areas of the service.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice held weekly meetings and used these to ask “how are we doing?” with a set agenda that covered areas of service provision such as patient referrals, numbers of patients registered with the practice, electronic patient access, safeguarding and palliative care issues.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and/or written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff 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 and supported in doing so. We noted a team practice funded event was held every year and that regular staff social events took place.
- 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that the practice supplied photographs of staff in reception. We were told that this was currently on hold due to the current situation regarding the practice contract.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had introduced a

congratulations letter and an information leaflet for new mothers as a result of a staff suggestion. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice engaged with others to plan new services for patients in the local area.

The practice partnership had taken over the practice in 2009 when the practice list was only 800 patients and had developed the practice services and increased the patient list to 3890 patients in the following seven years.