

The Neville Family Medical Centre

Quality Report

25 Old Market Street
Manchester
Lancashire
M9 8DX
Tel: 0161 721 4865
Website: www.nevillefmc.com

Date of inspection visit: 8 August 2017
Date of publication: 12/09/2017

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?	Requires improvement	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to The Neville Family Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Neville Family Medical Centre on 8 August 2017. Overall the practice is rated as requires improvement.

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

- The practice had a number of policies and procedures to govern activity and support the delivery of good quality care. However we found that not all staff were aware of these procedures and each were following different processes. After the inspection the practice told us they had started a full review of all current processes.
- Risks to patients were not always assessed and well managed including those relating to recruitment, health and safety and fire safety. After the inspection the practice told us that they had sourced two quotes and had plans to carry out a fire risk assessment.

- A limited number of clinical audits had been carried out; however these were not two cycle audits and did not show that they were driving quality improvement.
- Staff demonstrated that they understood their responsibilities to safeguarding children and vulnerable adults; however on the day of inspection, it was unclear from the practices' records whether all non-clinical staff had received training on safeguarding.
- Clinical staff were aware of current evidence based guidance. Clinical staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Some results from the national GP patient survey were below average, but did show that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- The practice sponsors unisex sports clothing for the school, which can be used by both male and female sports teams at the school.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

The areas where the provider should make improvements are :

- Review and improve the access arrangements to the building for less mobile patients.
- Assess the need to develop a programme of full team meetings.
- Continue to work on improving patient satisfaction rates with the care and services provided.
- Review the location of the emergency medicines key.

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



- The practice had not carried out a fire risk assessment and there were no designated fire marshals. We found none of the fire detectors were linked to a fire alarm and there was no way to raise the alarm in the event of a fire. After the inspection we were told that two companies had provided quotes for the installation of a new fire alarm system.
- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events; lessons were shared, however the current system did not have a clear follow up process or review of actions taken after the event. After the inspection we were provided with evidence that the reporting form had been amended to include a review of actions taken
- Staff demonstrated that they understood their responsibilities to safeguarding children and vulnerable adults; however on the day of inspection, it was unclear from the practices records whether all non-clinical staff had received training on safeguarding.
- Staff records did not include evidence of checks, for clinical staff, with the appropriate professional body; however, these were carried out during the inspection.
- We identified old wooden furniture stored in the main clinical room and fabric curtains around the examination beds in the treatment rooms. After the inspection the practice told us that the wooden furniture had been removed.
- Blinds at all windows in the surgery did not meet safety requirements and were potentially hazardous due to them having a loop system in place. After the inspection we received evidence that all the blinds had been replaced with washable slats and were now of the required, safe standard.
- The practice had some adequate arrangements to respond to emergencies and major incidents. However, if the nurse was not in the practice, staff did not know where the emergency drug key was stored.
- When things went wrong patients were informed as soon as practicable, 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.

Summary of findings

Are services effective?

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

- Non clinical staff did not have access to appropriate training to meet their learning needs or cover the scope of their work. For example, a printed hand out summary of the Mental Capacity act was used as a learning module. We were told on the day of inspection a quote for an E Learning tool had been sourced. After the inspection the practice told us that this had been purchased.
- A limited number of clinical audits had been carried out; however, these were not two cycle audits and did not show that they were driving quality improvement.
- The practice performed a monthly safeguarding search to highlight children who did not attend appointments at the practice or any other healthcare appointment. These were then followed up by the practice.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.

Requires improvement



Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice below others in several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice sponsored a local schools rugby team by providing their sport kit
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had a free phone service in the waiting room, direct to a Citizens' Advice helpline, to help patients with any social issues or provide them with information that they required
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with relevant staff.

Are services well-led?

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

- The practice had a number of policies and procedures to govern activity and support the delivery of good quality care. However we found that not all staff were aware of these procedures and each were following different processes. After the inspection the practice told us they had started a full review of all current processes.
- Although the practice held separate clinical and non-clinical meetings, we found clinical minutes were not consistently recorded.
- There was a clear leadership structure and staff felt supported by management.
- 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, however on the day of the inspection there wasn't a process to review any actions taken. The practice told us that following the inspection actions would be reviewed.
- The practice had an active patient participation group.

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

The provider was rated as requires improvement for safety, effective, caring and well led where the issues identified overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had identified 2% of patients at higher risk of unplanned admission to hospital; each of these patients had a care plan in place which was regularly reviewed.
- The practice ran a monthly safeguarding search which identified patients over the age of 75, who had not been in contact with the practice in the preceding six months. Any patients identified were telephoned to check they were well.
- Although it was unclear whether non clinical staff had received training in safeguarding they were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety, effective, caring and well led where the issues identified overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Requires improvement



Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

The provider was rated as requires improvement for safety, effective, caring and well led where the issues identified overall affected all patients including this population group. There were, however, examples of good practice.

- 84% of patients with asthma had an asthma review completed in the preceding 12 months, compared to the CCG average of 75% and national average of 76%.
- New parents were given access to book new baby check-ups at times convenient to them, throughout the week.
- Flexible appointments were available for post-natal checks alongside the babies eight week check-up.
- 79% of eligible women had received a cervical screening test in the preceding five years, compared to the CCG average of 78% and national average of 81%.
- The practice gave priority to access pre bookable appointments for children with working parents.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety, effective, caring and well led where the issues identified overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and weekend appointments.
- 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.
- Carers were given priority in accessing pre-bookable appointments.

Requires improvement



Summary of findings

- The practice offered unlimited telephone consultations during opening hours for working patients who found it difficult to attend the surgery

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety, effective, caring and well led where the issues identified overall affected all patients including this population group. There were, however, examples of good practice.

- A monthly safeguarding audit was performed to highlight children who did not attend appointments at the practice, or any other healthcare appointment. A letter was sent to the parents or guardian of any child identified informing them of the importance of attending medical appointments.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- All staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety, effective, caring and well led where the issues identified overall affected all patients including this population group. There were, however, examples of good practice.

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average 87% and the national average of 84%.

Requires improvement



Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the practice offered an in-house counselling service to its patients.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice had mixed results when compared to local and national averages. 375 survey forms were distributed and 113 were returned. This represented 3% of the practice's patient list.

- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 84%.
- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 71%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were mostly positive about the standard of care received. Patients commented that GPs and staff were friendly and helpful, and appointments were available to fit around work schedules. One patient commented there was no hand rail in the patient's toilet.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are :

- Review and improve the access arrangements to the building for less mobile patients.
- Assess the need to develop a programme of full team meetings.
- Continue to work on improving patient satisfaction rates with the care and services provided.
- Review the location of the emergency medicines key.

The Neville Family Medical Centre

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 manager specialist adviser.

Background to The Neville Family Medical Centre

The Neville Family Medical Centre is located close to Manchester City centre. The practice is situated in a purpose built building. All services are delivered on the first floor of the building with disabled access from the ground floor.. There is multiple parking available to patients.

At the time of our inspection there were 3900 patients registered with the practice. The practice is a member of Manchester Health and Care Commissioning. The practice delivers commissioned services under the General Medical Services (GMS) contract with NHS England.

The male life expectancy for the area is 79 years compared with the CCG averages of 73 years and the national average of 79 years. The female life expectancy for the area is 83 years compared with the CCG averages of 78 years and the national average of 83 years.

The practice has one male GP partner and one non clinical partner. The practice has three salaried GPs (two male and one female). There is one nurse prescriber. Members of clinical staff are supported by the non-clinical managing partner and reception staff.

The practice is open 8am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that can be booked up to four weeks in advance; urgent appointments are available for patients that need them. Patients requiring a GP outside of normal working hours are advised to call “Go-to-Doc” using the usual surgery number and the call is re-directed to the out-of-hours service.

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 the practice we reviewed a range of information we hold about the practice and asked other organisations and key stakeholders such as Manchester Health and Care Commissioning to share what they knew about the practice.

We reviewed policies, procedures and other relevant information the practice provided before the day. We also

Detailed findings

reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT). We carried out an announced visit on 8 August 2017.

During our visit we:

- Spoke with a range of staff including GPs, practice nurse, non clinical managing partner and administration staff.
- Also spoke with three patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a number of policies and processes.
- Spoke with one member of the patient participation group (PPG).

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 living 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 a system for reporting and recording significant events.

- Staff told us they would inform the non-clinical managing partner 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).
- The practice had discussed significant events. However, the current system did not have a clear follow up process or review of actions taken after the event. For example, we reviewed one event where a safeguarding issue had been raised, which had not been followed up by the practice.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety.

- Patient safety alerts were cascaded to all clinical staff on a regular basis. We saw evidence of these being discussed at the practice meetings.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the newly appointed GP did not attend safeguarding meetings, due to being unaware of these meetings. However the practice provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. However, it was unclear whether non-clinical staff had completed the

training and gaps were identified in the non-clinical managing partner training matrix. GPs and the nurse 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 maintained appropriate standards of cleanliness and hygiene.

- We observed most of the premises to be clean and tidy and cleaning schedules were available. However, we saw that there were cobwebs under the sink area in the healthcare assistants treatment room and there was dirty fabric blinds in the nurse's treatment room. We also found dirty mop heads in the cleaning room. After the inspection we received photographic evidence to confirm, all fabric blinds had been replaced with washable slats and weights.
- The non-clinical managing partner was the lead and responsible for the infection prevention and control (IPC) with support from the practice nurse, who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol, however it was unclear if the staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that some actions had been taken to address improvements identified as a result. However, we observed old wooden furniture stored in the main clinical room and dirty, fabric curtains around the examination couches and fabric window blinds throughout the practice. The fabric curtains and blinds had been identified as an action within the IPC audit. After the inspection we received photographic evidence to confirm, all the wooden furniture in the practice had been removed. New washable blinds slats had been replaced throughout the practice and new disposable curtains placed on order.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines and a patient register. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were not always securely stored. We found blank loose prescriptions placed in a drawer in the reception area. These were destroyed on the day of the inspection and a system to monitor the use of prescriptions was developed after the inspection. We were sent information after the inspection to confirm the new process.
- The nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications and the appropriate checks through the DBS. However staff records did not include evidence of checks, for clinical staff, with the appropriate professional body, these were carried out during the inspection.

Monitoring risks to patients

There were some procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had a general health and safety policy. Although fire safety was covered within the policy, this was not practice specific. The practice did not have an up to date fire risk assessment and did not carry out regular fire drills. The non clinical managing partner told us they were the responsible person for fire safety for the practice, but had received no formal training and they did not have designated fire marshals within the

practice. We also found that none of the fire detectors were linked to a fire alarm, which meant that there was no way to raise the alarm in the event of a fire. There was a fire evacuation plan and staff were aware where to stand in event of a fire. After the inspection we were told that two companies had provided quotes for the installation of a new fire alarm system.

- We found some risk assessments within the practice had not taken place. For example, we observed window blinds cords within the practice had not been risk assessed. After the inspection we were informed of the new safety weights and chains fitted on every blind in the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. However, we found the records of the clinical equipment checked was disorganised. For example, we reviewed the check list of the calibration of the clinical equipment. One of the records showed the practice did not have a spirometry machine (a piece of equipment used to help diagnose and monitor certain lung conditions). During the inspection the inspection team observed an spirometry machine. After further investigation during the inspection, we found the machine had been calibrated but the paper work did not reflect this.
- The practice had some other risk assessments 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).
- A risk assessment had not been carried out on the practice treatment beds which were not height adjustable and a plastic stool was used by patients to access the beds. After the inspection we received information that the plastic stools had been replaced with appropriate weight bearing foot stools and adjustable beds were being ordered.
- The patient's toilet had no patient grab rails for less mobile patients. This was also mentioned by a patient in the pre inspection patient comment cards. After the inspection we were sent photographic evidence, confirming the installation of a grab rail in the patient's toilet.

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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. However, if the practice nurse was not onsite, staff did not know where the key for the emergency drugs was kept. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 searches and random sample checks of patient records. For example, the practice nurse had developed a "Flare up" register for all patients with a respiratory disease (which are diseases of the airways and other structures of the lungs). Staff and patients were aware of the process and appointments were made for patients, to ensure a continuity of care was maintained by the nurse. Patients were signposted to external support services and educated on symptoms and techniques. Whilst being provided with a flare up plan, using a flag system to identify symptoms and trigger alerts to seek help.
- A monthly safeguarding search was performed monthly to highlight any children who did not attend appointments at the practice, or any other healthcare appointment. If a child was identified a letter would be sent to the parents or guardians informing them the importance of attending medical appointments.

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 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall exception rate was 5.4 % lower than the CCG or 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).

This practice was not an outlier for any QOF (or other national) clinical targets.

- 84% of patients with diabetes with the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less ,compared to the CCG average 77% and the national average of 78%.
- 100% of patients diagnosed with dementia had a care plan had been reviewed in a face-to-face review in the preceding 12 months, compared to the CCG average 87% and the national average of 84%.

There was limited evidence of quality improvement including clinical audit:

- There had been very few clinical audits commenced in the last year, none of these were completed audits where patient quality or improvements were implemented and monitored.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver care and treatment.

- Although the practice had a system of appraisals and meetings, they did not identify the learning needs of staff or review the practice development. Non clinical staff did not have access to appropriate training to meet their learning needs or cover the scope of their work. We were told staff had completed basic life support, as a face to face learning session. Staff were provided with a written summary log as a programme of learning. For example, a printed hand out summary of the Mental Capacity act was used as a learning module for staff. We were told on the day of inspection a quote for an E Learning tool had been sourced. After the inspection we were told the E Learning platform had been purchased.
- Staff had received IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse).
- 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.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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.
- From the sample of seven documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- The practice offered an in-house counselling service to patients.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Fabric curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. New disposable curtains had been ordered due to the cleanliness and infection risk of the fabric curtains.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The majority of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and the GPs and staff were helpful, kind, caring and treated them with dignity and respect.

We spoke with three patients including one members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 90% and the national average of 92%.
- 73% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 65% of patients said the GP gave them enough time compared similar to the CCG average of 84% and the national average of 87%.

- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.

- 89% of patients said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 91%.
- 89% 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%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 89%.

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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.

Are services caring?

- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The NHS e-referral service (formerly Choose and Book) was used with patients as appropriate. The NHS e-referral service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. For example, there was a free phone direct to citizen's advice helpline available to all patients in the quieter area of the waiting room. Information about support groups was also available on the practice website.

The practice sponsored a local school and provided their rugby team with a sport kit.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (0.8% of the practice list). The practice had established links with the Manchester Carers Forum (MCF), a referral service offering carers signposting services. Written information was available to direct carers to the various avenues of support available to them. Carers were given priority in accessing pre-bookable appointments.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice was part of the One Team, which working together to support patients who had health or social care problems, concerns or difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- The practice was part of a Neighbourhood Hub service in conjunction with other practices, to offer extended hours opening times at weekends and bank holidays.
- Same day appointments were available for children up to 16 years old and those patients with medical problems that require same day consultation.
- New parents were given access to book new baby check-ups throughout the week at times that were convenient to them.
- Post-natal checks alongside babies eight week check-up were flexible to suit parents.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice told us that they had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open 8am to 6.30pm Monday to Friday. Appointments were from 9am until 6pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below in some aspects compared to local and national averages.

- 89% of patients said their last appointment was convenient, compared with the clinical commissioning group (CCG) average of 89% and the national average of 92%.
- 62% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 71% and the national average of 73%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 61% of patients described their experience of making an appointment as good compared with the clinical commissioning group (CCG) average of 70% and the national average of 73%.
- 41 % of patients said they don't normally have to wait too long to be seen compared with the clinical commissioning group (CCG) average of 50% and the national average of 58%.

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

The practice had a system to assess:

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

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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system.

There had been three formal complaints in the last 12 months. We found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency

when dealing with the complaint. Lessons were learned from individual concerns and complaints and also there a comprehensive data sheet, were analysis of trends and action was taken to as a result to improve the quality of care.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values.

Governance arrangements

The arrangements for governance and performance management did not always demonstrate operate effectively.

- The practice had a number of policies and procedures to govern activity and support the delivery of good quality care. However we found that not all staff were aware of these procedures and each were following different processes. After the inspection the practice told us they had started a full review of all current processes.
- The practice had clinical and non-clinical meetings taking place, however no full team meetings were held.
- We identified that one member of staff was also a patient within the practice, with no policy or process in place. After the inspection the practice developed a “Staff as patient” policy and provided us with a copy.
- There were gaps within the practice training matrix which made it difficult to identify if training had been carried out.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

Leadership and culture

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 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). The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients.
- Staff told us the practice held separate clinical and non-clinical team meetings.
- Staff said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The practice had patient participation group (PPG) which met quarterly.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us there had been many changes but felt things were slowly improving.

Continuous improvement

The practice nurse was forward thinking and had developed a flare up register for patients with lung conditions; part of this register was to refer patients to the “Affordable Warmth Access Referral Mechanism” (AWARM) project. AWARM, helps patients to stay healthy, safe and warm at home. This involved the practice making referrals, assessing risk of hypothermia and providing emergency packs.

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	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular risk assessments in fire safety and health and safety were not effective.</p> <p>There was no proper and safe management of medicines. In particular: blank prescriptions were not being logged.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular: the provider did not monitor and follow up actions after a significant event, especially relating to safeguarding issue reviewed.</p>

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: there was no full clinical audit cycle or re-audits to improve patient outcomes taking place. One member of staff was a patient within the practice, with no policy or process in place to protect either party.

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 Requirements in relation to staffing.

How the regulation was not being met:

The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular: non clinical staff did not have access to appropriate training to meet their learning needs and to cover the scope of their work. The provider did not have a process for documenting professional body registration checks.