Hope Citadel Healthcare CIC

Quality Report

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

Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hope Citadel Healthcare CIC on 23 September 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Feedback from patients about their care was positive.
- The practice implemented suggestions for improvements as a consequence of feedback from patients and from the patient participation group (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice held several community groups on their premises and was actively involved in running most of them.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The practice encouraged their staff to develop and progress. For example reception staff had been trained to be team leaders and practice managers within the organisation and the healthcare assistant had recently been accepted into medical school.

We saw several areas of outstanding practice including:

- The practice was instrumental in setting up various social and community groups to suit the needs of their patient population. The importance of social interaction, and the high cost of joining social groups potentially making them unaffordable for patients had been recognised. The practice carried out evaluations of the groups and found patients found them very beneficial. Groups included:

Summary of findings

- BLISS (Believe Love Inspire Self-worth Support), for young isolated mothers, initiated by reception staff. An evaluation had been carried out and outcomes had been positive for patients attending. A counsellor from the practice attended the group once a month.
- Mucky Monkeys; a group for young children and their parents, initiated by The Salvation Army and run by a members of the reception staff.
- Inspire; a social group for older patients and the retired.
- Hill Top Growers; a gardening group initially set up for diabetic patients but all patients could join in. This encouraged healthy eating and exercise.
- Healthy Lifestyles; a group where weight could be monitored and patients could join in with group walks and exercise.

- The practice was closely involved in a community café, The Brew, based across the road from them. Patients living in social isolation were supported to attend the café, and where patients were looking to learn new skills or start work they arranged for them to have work experience in the café. This gave them experience, confidence, and the opportunity for a reference for when applying for jobs.
- The practice employed a focussed care practitioner. The focussed care practitioner looked after the holistic needs of patients who were referred by the GP. Needs were wide-ranging and included family issues, alcoholism, sexual exploitation and sleep problems. The focussed care practitioner saw patients on a regular basis when this was needed and put plans in place involving other organisations, such as the job centre or housing department, to ensure individual needs were met. There was regular evaluation of this service with evidence available of progression made by patients seeing the focussed care practitioner. We spoke with two patients who told us how seeing the focussed care practitioner had had a positive impact on their lives.
- The practice employed in-house counsellors so they were easily accessible to patients. Staff were also actively encouraged to use the counselling service if they felt it was required.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- 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.
- Risks to patients were assessed and well managed.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Children with asthma were provided with a school asthma pack consisting of an inhaler and spacer. The impact was to be analysed at the end of the year but indications were that the number of children attending A&E with asthma related issues had reduced.
- Data showed that the practice was performing highly when compared to practices nationally. For example, performance for diabetes related indicators was 92%. This was above the CCG average of 82% and the national average of 89%.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, a focussed care practitioner worked jointly with the local authority so access to other services was more streamlined.

Summary of findings

- Staff appraisals included 360 degree feedback from the people who work around them. Staff told us this was used in a supportive way. The in-house appraisals for GPs also included a video consultation, with the patients' consent. GPs told us this was a useful learning tool.

Are services caring?

Outstanding ☆

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example 91% 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%.
- 89% 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 85%.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example a member of the reception staff had started a social group for young isolated mothers. They had arranged for one of the in-house counsellors to attend the group each month.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- There are innovative approaches to providing integrated patient-centred care. The focussed care practitioner looked at the holistic needs of patients and was able to provide support by liaising with other organisations.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). Social groups were available at the practice providing support for young mothers, older patients, children and other groups. A member of the PPG had recently suggested having a chess group and this was being arranged.

Summary of findings

- Patients can access appointments and services in a way and at a time that suits them. The practice was open until 8pm twice a week, 7pm twice a week, and on Saturday mornings.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding 

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- Staff were supported to progress within the organisation. For example reception staff had been trained to be team leaders and practice managers, and the healthcare assistant had been accepted into medical school.
- Staff were encouraged to seek emotional support if needed and they had access to the in-house counselling service.
- The practice gathered feedback from patients and had relaunched the patient participation group to try to encourage new members to join. They regularly used the community café across the road from the practice to encourage community involvement.

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

Outstanding ☆

The practice is rated as outstanding 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.
- A GP visited a large local nursing home each week for a walk around to meet the needs of patients without visit requests becoming urgent.
- The practice had a high take up rate of flu vaccinations for the over 65 age group.
- The practice ran a weekly social club (Inspire) mainly for older or retired patients.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding 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 92%. This was above the CCG average of 82% and the national average of 89%.
- The practice held a gardening group (Hill Top Growers) that had been set up for patients with diabetes. This encouraged healthy eating and exercise, and all patients were now able to join in.
- All patients with long term conditions were invited for a review of their condition at least annually. Reviews were monitored and patients were telephoned if they did not attend.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, there was a named GP who worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Outstanding ☆

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Additional safeguarding training had been provided and policies reviewed following the publication of the independent inquiry into child sexual exploitation in Rotherham.
- 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's uptake for the cervical screening programme was 87%, which was above the CCG average of 82% and the national average of 82%. Text reminders were used to encourage patients to keep their appointments, and nurses telephoned patients who did not attend their appointment to encourage them to re-book.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had regard to the social needs of their patients. For example, eight week baby checks with the nurse and GP were coordinated to make it more relaxed for the mother and ensure the baby was only changed once to avoid extra expense of nappies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding 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 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.
- The practice had social media accounts so information could easily be accessed by patients.
- The practice had extended opening four evenings a week and it was also open on Saturday mornings.

Summary of findings

- The practice had recognised that some patients wishing to find work did not have relevant experience or references. The worked closely with a community café to arrange work experience for patients who would then have an employer to approach for a reference if required.

People whose circumstances may make them vulnerable

Outstanding

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.
- 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 ran various social groups and these were beneficial to patients whose circumstances may make them vulnerable.

People experiencing poor mental health (including people with dementia)

Outstanding

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

- Performance for mental health related indicators was 97%. This was above the CCG average of 92% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice employed an in-house counsellor who attended for two days each week.

Summary of findings

- 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 most recent national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 345 survey forms were distributed and 105 were returned. This was a response rate of 30% representing 3% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 73% and the national average of 73%.
- 74% 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 83% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards. Three of these were positive, saying staff were friendly and helpful, and they were happy with the care provided. One card was regarding a specific issue and was less positive.

We spoke with 13 patients during the inspection, including two members of the patient participation group (PPG). All 13 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

- The practice was instrumental in setting up various social and community groups to suit the needs of their patient population. The importance of social interaction, and the high cost of joining social groups potentially making them unaffordable for patients had been recognised. The practice carried out evaluations of the groups and found patients found them very beneficial. Groups included:
  - BLISS (Believe Love Inspire Self-worth Support), for young isolated mothers, initiated by reception staff. An evaluation had been carried out and outcomes had been positive for patients attending. A counsellor from the practice attended the group once a month.
  - Mucky Monkeys; a group for young children and their parents, initiated by The Salvation Army and run by a members of the reception staff.
  - Inspire; a social group for older patients and the retired.
  - Hill Top Growers; a gardening group initially set up for diabetic patients but all patients could join in. This encouraged healthy eating and exercise.
  - Healthy Lifestyles; a group where weight could be monitored and patients could join in with group walks and exercise.
- The practice was closely involved in a community café, The Brew, based across the road from them. Patients living in social isolation were supported to attend the café, and where patients were looking to learn new skills or start work they arranged for them to have work experience in the café. This gave them experience, confidence, and the opportunity for a reference for when applying for jobs.
- The practice employed a focussed care practitioner. The focussed care practitioner looked after the holistic needs of patients who were referred by the GP. Needs were wide-ranging and included family issues, alcoholism, sexual exploitation and sleep problems. The focussed care practitioner saw patients on a regular basis when this was needed

and put plans in place involving other organisations, such as the job centre or housing department, to ensure individual needs were met. There was regular evaluation of this service with evidence available of progression made by patients seeing the focussed care practitioner. We spoke with two patients who told us how seeing the focussed care practitioner had had a positive impact on their lives.

- The practice employed in-house counsellors so they were easily accessible to patients. Staff were also actively encouraged to use the counselling service if they felt it was required.

Hope Citadel Healthcare CIC

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 an Expert by Experience.

Background to Hope Citadel Healthcare CIC

Hope Citadel Healthcare CIC is also known as Hill Top Surgery. It is located in a purpose built health centre in the Fitton Hill area of Oldham. It is a single storey building, fully accessible to the disabled or those with mobility difficulties, and there is a large car park at the practice.

The practice is part of an organisation, Hope Citadel Healthcare Community Interest Company. Five GPs work at the practice, four males and a female GP who attends one day a week from another practice within the organisation. A female GP had recently left to take on a new post and the practice was in the process of recruiting another permanent female GP. There are two practice nurses, two healthcare assistants, two counsellors and a focussed care practitioner. The focussed care practitioner is a nurse who looks at the holistic needs of patients, liaising with other services to ensure the best outcomes for patients. There is also a practice manager and reception and administrative staff.

The practice is open:

Monday 8am – 7pm

Tuesday 8am – 8pm

Wednesday 8am – 8pm

Thursday 8am – 7pm

Friday 8am – 6.30pm

Saturday 9am – 1pm.

The practice has an Alternative Provider Medical Services (APMS) contract with NHS England. It is a member of NHS Oldham clinical commissioning group (CCG). It was opened in 2009 with no patients and at the time of our inspection 3838 patients were registered.

There is a much higher than average proportion of patients in the 0-14 and 20-34 age range, and a much lower than average proportion of patients over the age of 65. There is a higher than average proportion of patients with a long term health condition (75% compared to the local average of 56% and the national average of 54%).

Life expectancy is lower than average. The average life expectancy for males is 73, compared to the CCG average of 76 and national average of 79, and the female life expectancy is 77, compared to the CCG average of 81 and the national average of 83. The practice is in an area of high deprivation.

The practice is a training practice.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Go-to-doc Ltd.

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 23 September 2016. During our visit we:

- Spoke with a range of staff including GPs, a nurse, the focussed care practitioner, a counsellor, the practice manager and administrative and reception staff.
- We spoke with 13 patients including two members of the patient participation group (PPG).
- Observed how patients were being spoken with by reception staff.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed policies and procedures and documents such as personnel files.

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- All the staff we spoke with were aware of how to report a significant event. There was a significant and adverse events policy that aimed to give all staff members the confidence to report incidents that may need investigation. 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).
- All significant events were triaged to assess the impact. All significant events were then investigated and discussed within the practice and those with the most serious impact were investigated and monitored by the board. They were also discussed at joint agency meetings that included district nurses and health visitors. This ensured learning could be shared with other providers.
- 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. Trends were also monitored.

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, a new system of logging the outcomes of all referrals made to other healthcare providers had been implemented following mis-communication of investigation results to a patient by another provider. The practice had also recognised the need for a sign within the practice to be in other languages to avoid patients trying to access restricted areas.

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 and these clearly showed staff how to report safeguarding concerns and contact details for relevant staff and agencies. 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Following the independent inquiry into child sexual exploitation in Rotherham the practice held an in-house doctors' education day. Training in identifying risks of female genital mutilation (FGM) was also provided. Discussions with reception staff showed they had a high awareness of their patients and their family circumstances and they knew what action to take if they had any concerns.
- 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 the premises to be clean and tidy. The clinical director was the infection control clinical lead, with a practice nurse taking day to day responsibility for the practice. They 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. We saw there had been an infection control meeting following the most recent audit to discuss the results and ensure staff were

aware of the actions that needed to be completed. The cleaning manager also carried out a monthly cleaning audit. The infection control lead circulated monthly infection control bulletins to ensure all staff had up to date information and guidance.

- 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 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. Rooms were locked to restrict access to blank prescription forms in printers. The practice kept one prescription pad for use in case of a power failure and this was kept securely. GPs did not take blank prescriptions on home visits; they prescribed when they returned to the practice.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. These included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We saw there was a process followed if a positive DBS check was returned.

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 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). The practice manager had a health and safety checklist that was completed fortnightly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staffing was constantly reviewed and the practice had recently recruited an apprentice. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. A female GP had recently left to take up a new role. A female GP from another practice within the company attended for one day a week and we saw the practice was in the process of recruiting another female GP.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. There was a visiting bag for GP home visits and following the practice assessing the risks this did not contain emergency medicines. The practice emailed us immediately following the inspection to state emergency medicines were now in the doctor's bag and a policy was in place for GPs to take the visiting bag with them for home visits, and a risk assessment was to be completed if they felt it was not appropriate to take the bag.

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.

Outstanding ☆

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. The practice manager passed all alerts to the GPs. Implementation plans were put in place and shared with all relevant staff.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and 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 (2015-16) were 100% of the total number of points available. This was above the clinical commissioning group (CCG) and national averages of 95. The exception reporting rate was 7%, which was in line with the CCG and national average (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 an outlier in 2014-15 for two areas of prescribing:

- One outlier was around the prescribing of Hypnotic medicines. The practice explained that due to the services they offered they attracted and encouraged patients with mental health problems and chaotic lifestyles to join their practice. Some patients had registered with the practice after previously attending neighbouring practices. The practice had an in-house drug worker and a focussed care worker and they provided evidence that this use of medicine was reducing, partly due to short prescriptions being issued.
- The other outlier was around antibacterial prescription items. The practice provided evidence they had audited this area and although prescribing was slightly higher than the CCG and national average it was appropriate.

QOF performance was usually above average. For example:

- Performance for diabetes related indicators was 99%. This was above the CCG average of 87% and the national average of 90%.
- Performance for mental health related indicators was 100%. This was above the CCG average of 92% and the national average of 93%.

There was evidence of quality improvement including clinical audit:

- There had been several clinical audits completed in the last two years, including completed audits where the improvements made were implemented and monitored.
- Audits included one on disease-modifying anti-rheumatic drugs (DMARDs). DMARDS act by altering the underlying disease rather than treating symptoms. There was a three-monthly cycle of audits resulting in the ordering of these prescriptions being discussed. Reception staff passed all blood test results to a GP to review the prescription where there was a query.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

There was a holistic approach to assessing, planning and delivering care and treatment to patients. The safe use of innovative approaches to care and how it was delivered were actively encouraged.

The lead nurse for asthma carried out reviews for patients during the summer months, encouraging attendance with the slogan "Summer reviews save winter blues". They had found an increase in urgent requests for one type of asthma inhaler between the months of September to December. Children going to school were issued with a school asthma pack of an inhaler and spacer. The practice intended to complete a full analysis of the impact at the end of the year but indications at the time of the inspection

were that the number of children attending A&E with asthma related issues had reduced. All staff were actively engaged in activities to monitor and improve quality and outcomes.

The practice had recognised that some new mothers were apprehensive about their babies' eight week check-ups with the nurse and GP. They had changed their process so the appointment was with the nurse, and the GP attended that appointment following the nurse checks. The practice nurse told us this put mothers more at ease as they did not have to change consultation rooms or have to spend time dressing their babies in-between consultations.

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Effective staffing

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

- 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. We spoke with a trainee GP who told us they had had an in-depth induction when they started and had continual supervision from in in-house clinical GP trainer.
- 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. The practice manager monitored staff training for clinicians and administrative staff and arranged for updated training when required.
- 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, and these were monitored by the practice manager. The appraisal process for all staff included 360 degree feedback. 360 degree feedback is a system or process in which staff receive confidential, anonymous feedback from the people who work around them. Staff told us this was used in a supportive way. GPs had an in-house and external appraisal. The in-house appraisals included a video consultation, with the patients' consent. GPs told us this was a useful learning tool.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice.
- 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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. 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. Gold standard framework meetings, where end of life care was discussed, took place every three months. However, where a more urgent discussion was required this occurred at a monthly meeting.
- The provider employed focussed care practitioners, and one was based in the practice. GPs referred patients to

the focussed care practitioner if they their physical health needs had been addressed but they required more holistic help. Members of the team encouraged and motivated patients, helping with issues such as housing, debt, social isolation or court appearances. We saw evidence of care planning for these patients. Needs were wide-ranging and included family issues, alcoholism, sexual exploitation and sleep problems. The focussed care practitioner saw patients on a regular basis when this was needed, and provided an emergency contact in-between appointments. We saw that they liaised with other professionals such as the police, schools and mental health teams in order to coordinate the holistic care of each patient. The practice was involved in a joint working pilot with the local authority and following a governance framework being put in place information was able to be shared.

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. Training had been provided.
  When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. There was a policy in place for assessing the capacity to consent of children and young people attending with a parent or guardian. Children aged 12 to 14 were involved in consent discussions. Between the ages of 14 and 16 discussions were mainly with the young person, with parental involvement.
- 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

Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. 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 other social issues. Patients were signposted to the relevant service, if it could not be provided in-house.
- A counsellor was employed by the practice and attended for two days each week. They were flexible with the appointment times to enable patients who worked to attend.
- The practice had been chosen to participate in a pilot for psychological medicine. This was working with the Royal Oldham Hospital and was to look at how abuse affected behaviour.
- Healthcare assistants were trained to give weight management advice. There was also a weekly Healthy Lifestyles group at the practice to monitor weight, have group walks and exercise, as it was recognised formal groups were expensive to attend.
- Smoking cessation advice was available each week.
- A drug worker attended weekly and alcohol consumption advice was also available.
- Flu vaccination days had been arranged. Patients received a text message to give information about flu vaccinations and the number of patients attended for a vaccination was monitored weekly. For 2015-16 - 91% of patients aged 65 and over had received a vaccination, higher than the target of 80%. Telephone reminders were given to patients who did not attend for their vaccination.

The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 82% and the national average of 82%. Text reminders were used to encourage patients to keep their appointments, and nurses telephoned patients who did not attend their appointment to encourage them to re-book.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.5% to 98.4% and five year olds from 84.5% to 91.4%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Outstanding ☆

Are services effective?

(for example, treatment is effective)

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.

Outstanding ☆

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.
- Several community groups were run from the practice, with practice staff managing some of these groups. These included a group for young isolated mothers, Hilltop Growers (a gardening group that started as a group for patients with diabetes), a children's group and a social group for older patients.
- The practice was closely involved in a community café, The Brew, based across the road from them. They supported patients living in social isolation to attend the café, and also held some events there. Where patients were looking to learn new skills or start work they arranged for them to have work experience in the café. This gave them experience, confidence, and the opportunity for a reference for when applying for jobs.

Three of the four patient Care Quality Commission comment cards we received were positive about the service experienced. These patients commented staff interacted well with children and adults and said the practice had helped in many ways.

The 13 patients (including the two members of the PPG) we spoke with were positive about the care and support they received. Two patients in particular told us about how the focussed care practitioner (a nurse) had helped them and their families. The support they described was wide ranging but included social as well as medical support. One patient told us the focussed care practitioner was better than a social worker. Both of these patients said support was on-going and they could contact the focussed care practitioner by telephone if they needed to discuss something urgently. They gave several examples of how their lives had changed during the time they had been seeing the focussed care worker.

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

- 91% 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% 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 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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.

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 in line with local and national averages. For example:

Outstanding ☆

Are services caring?

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 86% 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%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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.
- Information leaflets were available in easy read format.

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 101 patients as carers (3% of the practice list), and carers were identified at new patient checks and during consultations. Reception staff were also aware of family circumstances and could advice if patients had become carers. Written information was available to direct carers to the various avenues of support available to them. The Carers' Trust had recently attended the practice to raise awareness to patients. The practice was in the process of arranging offering specific carers health checks to patients.

Staff told us that if families had suffered bereavement, the GP who had had most contact with the patient telephoned to offer their support. They often also attended funerals. GPs gave their mobile telephone numbers to families when a patient was approaching the end of their life so that continuity of care and urgent advice could be given.

A counsellor was employed by the practice and was available for two days a week. Bereavement counselling was available via this service.

Outstanding ☆

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 individual needs and preferences of patients were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care. There was a proactive approach to understanding the needs of different groups of people

and to deliver care in a way that met those needs and promote equality. This included people who were in vulnerable circumstances or who had complex needs.

- The practice offered extended opening hours until 8pm twice a week, 7pm twice a week and Saturday mornings 9am until 12 noon.
- Appointments were routinely 13 minutes long, and there were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had a Facebook and Twitter account so patients could easily access information about the practice.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- There had been an increase in the number of Romanian patients who did not speak English. A telephone translation service was used daily and double appointments were made when this was used. A list of commonly used phrases was kept at reception to show Romanian patients and make it easier to determine the type of appointment required.
- The practice was trying to engage more with the Romanian community as their attendance for services such as cervical smears and childhood vaccinations was lower than average. One member of the community who was engaged with the practice was involved in liaising with the practice and giving out information at a local community centre where support groups were held.
- The practice was involved in a joint working trial with the local authority to improve support to patients, for example those who had suffered domestic violence. Also, through contacts such as housing officers, patients in need of rehousing could be seen by the most appropriate person.
- The practice worked closely with the head teachers of three local primary schools to raise awareness of health and social issues.
- The practice was closely involved in a community café, The Brew, based across the road from them. They supported patients living in social isolation to attend the café, and also held some events there. Where patients were looking to learn new skills or start work they arranged for them to have work experience in the café. This gave them experience, confidence, and the opportunity for a reference for when applying for jobs.
- Various social and support groups were held at the practice that supported the needs of the local population. Some of these were organised and run by the practice and others had been set up by The Salvation Army with involvement from the practice. The importance of social interaction, and the high cost of joining social groups potentially making them unaffordable for patients had been recognised. Groups included:
  - BLISS (Believe Love Inspire Self-worth Support), for young isolated mothers, initiated by reception staff. An evaluation had been carried out and outcomes had been positive for patients attending. A counsellor from the practice attended the group once a month.
  - Mucky Monkeys; a group for young children and their parents, initiated by The Salvation Army and run by a members of the reception staff.
  - Inspire; a social group for older patients and the retired.
  - Hill Top Growers; a gardening group set up for diabetic patients but all patients could join in. There was a small plot within the practice groups to encourage healthy eating and exercise.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Healthy Lifestyles; a group where weight could be monitored and patients could join in with group walks and exercise.

Access to the service

The practice had extended hours opening, including until 7pm twice a week and 8pm twice a week. It was also open on Saturdays between 9am and 1pm. There was flexibility with the appointments system so patients could book appointments throughout the day at their convenience. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. We saw that routine appointments were available in two working days time. Patients requiring an on the day appointment would be able to access a GP, and urgent appointments where patients did not need to be seen that day were available the day following our inspection, Saturday. The practice manager told us they reviewed the availability of appointments regularly and made changes to the system and staff available if required. Telephone consultations were also available.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

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.

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.

There was a large nursing home close to the practice. The practice recognised that a lot of home visits were requested by the nursing home. A GP visited the home for a walk around once a week and this reduced the number of emergency visit requests.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. In addition, complaints were monitored at board level so that learning could be shared between all the practices owned by the provider and trends could be identified.
- Complaints were discussed in practice meetings. In addition they were discussed at the in-house doctors' education days held at least once a year.
- We saw that information was available to help patients understand the complaints system

We looked at the complaints received in the last 12 months and found they had been satisfactorily handled and dealt with in a timely way. All the staff we spoke with were aware of how complaints were handles and how they should report concerns raised to them verbally.

Are services well-led?

Outstanding ☆

(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 drive and improve quality care and promote holistic outcomes for patients' needs. The practice understood the importance of supporting and developing within the local community and identifying the social and health care needs of patients

- The practice had a statement of purpose which staff were aware of and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The framework drove systematic approaches towards processes and mechanisms to improve and maintain the highest quality of 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of the 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. Staff also reported a high level of satisfaction at work.

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 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.

- There was strong collaboration and support across all staff and a common focus on improving quality of care and patient's experiences.
- Staff told us the practice held regular team meetings.
- In addition to team meetings other groups of staff met regularly. These included clinicians, focussed care practitioners, and meetings such as palliative care meetings where community nurses and health visitors attended.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or individually with the GPs or management team.
- 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.
- The provider ensured that all staff were paid a minimum of the Living Wage and said they had always done this since they opened.
- The management team encouraged staff to access support if required. The counsellors employed by the service also offered a service for staff. Senior GPs had recognised that emotional support and stress management was often not available for staff, especially

Are services well-led?

Outstanding ☆

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

clinicians. They told us that the service was used by staff now but they hoped to start to offer access to the counsellor in wellness and not as a reaction to stress, as a way of managing mental health issues before they arose.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been active since the practice opened in 2009. It had recently relaunched with a view to involving more people on a more regular basis. It was intended that meetings would be monthly, and have a patient as the chair. The relaunch had taken place at the community café to help it become embedded as a group looking at holistic and community needs that could be met by the practice, and not just about issues such as access to appointments.
- To date the PPG had not carried out patient surveys. At the most recent meeting PPG members had been asked what they would like from the surgery and the group in general. We saw an example of a male patient requesting a chess group and the practice was in the process of arranging for this to take place within the practice. They recognised this would help with social isolation and be beneficial for people who did not have the opportunity to meet often with others.
- The practice was looking at having a virtual PPG to involve patients who did not want to, or were unable to, meet in person.
- There was a practice PPG report available to all patients to give information about the group and also provide information about the practice and the social groups patients could attend.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. These included being involved in a joint working pilot with the local authority and a pilot for psychological medicine, working with the Royal Oldham Hospital looking at how abuse affected behaviour.

The practice was a training practice. GP trainees had a weekly tutorial with their trainer and at the end of each clinic the trainer looked at the trainee's consultation notes from each patient.

The in house appraisals for GPs included a video consultation. GPs told us they found these good for raising standards.

The practice trained their team to progress to other roles within the provider's organisation if they wished to do so. For example, they had trained reception staff who had progressed to be team leaders or practice managers, and the healthcare assistant had recently been accepted at medical school.