

Failsworth Group Practice

Quality Report

Failsworth District Centre
Ashton Road West
Failsworth
Manchester
M35 0AD

Tel: 0161 682 6297

Website: www.failsworthgrouppractice.nhs.uk

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Failsworth Group Practice on 9 August 2016. Overall the practice is rated as good.

The practice had been previously inspected on 8 December 2015. Following this inspection the practice was rated inadequate with the following domain ratings:

Safe – Inadequate

Effective – Requires improvement

Caring – Requires improvement

Responsive – Inadequate

Well-led – Inadequate

The practice was placed in special measures.

Following this re-inspection on 9 August 2016 our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of some recruitment procedures.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they usually found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvement are:

- The provider must ensure all relevant pre-employment procedures are carried out for staff, including locum clinicians.

The areas where the provider should make improvements are:

- The provider should share the findings of audits with all appropriate staff in the practice to ensure relevant learning is carried out.
- The provider should check that all clinicians are aware of how significant events should be recorded.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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.

- Appropriate recruitment checks were not always carried out.
- 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.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was a holistic approach to healthcare from an advisor who attended the practice twice a week.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



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

Are services well-led?

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

Good



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

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Home visits were available from 8am until 6pm daily so prompt access was available.
- The practice was responsive to the needs of older people, and offered urgent appointments for those with enhanced needs.
- The practice held monthly multi-disciplinary team meetings where other clinicians such as district nurses attended.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had started a clinic for patients at risk of diabetes.
- Longer appointments and home visits were available when needed.
- The nurse practitioner carried out weekly home visits to housebound patients with long term conditions.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with other practices for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- All children under the age of five were seen on the day the appointment request was made.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available from 7am Monday to Friday and telephone appointments were also available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good 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 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.
- A focussed care worker offered holistic health, social and financial advice to patients.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was 100%. This was better than 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff were receiving Dementia Friends training.

Good



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 were mostly similar to local and national averages. 283 survey forms were distributed and 116 were returned. This was a 41% completion rate representing just over 2% of the practice's patient list.

- 86% 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%.
- 79% 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%.
- 70% 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%.

- 43% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. Patients commented that the service was excellent and patients were treated respectfully.

We spoke with nine patients during the inspection, including four members of the patient participation group (PPG). Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Four of them said it was difficult to get through to the practice by telephone, and two said it could be difficult to access appointments.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure all relevant pre-employment procedures are carried out for staff, including locum clinicians.

Action the service **SHOULD** take to improve

- The provider should share the findings of audits with all appropriate staff in the practice to ensure relevant learning is carried out.
- The provider should check that all clinicians are aware of how significant events should be recorded.

Failsworth Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

Background to Failsworth Group Practice

Failsworth Group Practice is located on the first floor of a modern building on a retail park in Failsworth. There are two other GP practices located in the same building. The practice is fully accessible to those with mobility difficulties. There is a car park next to the building entrance.

There are six GP partners, four female and two male. There are also locum GPs, including a long term locum. There is a nurse practitioner, three practice nurses and two healthcare assistants. The practice manager is vacant and the post has been advertised. The practice is currently being managed by the assistant practice manager. There are several reception and administrative staff.

The practice is open from 7am until 6.30pm Monday to Friday. Appointments are from 7am until 6.10pm Monday to Friday.

There are slightly more patients than average in the 45-54 age group and in the 70-79 age group, and slightly lower than average numbers in the 29-35 age group. The practice is in the fourth most deprived decile. Life expectancy is in line with the CCG average and slightly below national average.

The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). It has a Personal Medical Service (PMS) contract with NHS England. At the time of our inspection 12,917 patients were registered.

The practice is a teaching and training practice for medical students and registrars.

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.

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 9 August 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the assistant practice manager and reception and administrative staff.
- Spoke with nine patients including four members of the patient participation group (PPG).

Detailed findings

- Observed how patients were dealt with at the reception desk.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at policies, procedures and other documents held at the practice.

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

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

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

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

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

Are services safe?

Our findings

Our inspection of 8 December 2015 found that appropriate recruitment checks were not being carried out. Staff were unclear about who the safeguarding leads were and they had not received training or guidance. Staff were unclear about incident reporting and guidance was not available. Some medical devices were out of date and blank prescriptions were kept in an unlocked area accessible to patients. Staff performed chaperone duties without a Disclosure and Barring Service (DBS) check having taken place. During this inspection we found that improvements had been made in all these areas.

Safe track record and learning

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

- Staff told us they knew how to report any incidents and there was a recording form available on the practice's computer system. A training workshop had been held to inform staff when an incident should be reported and the process for doing this. However, although the records we saw showed significant events had been appropriately recorded, not all GPs understood the recording system.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had scheduled dates to review incidents to ensure lessons had been learnt and they were not repeated.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. 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 3. Training for staff had been provided in workshops held by GPs. Some training for clinical staff had been on-line but we saw that formal face to face training had been arranged. No evidence was held of safeguarding training for one locum GP.
- 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 practice nurse was the infection control clinical lead who 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. Additional training had been booked for the infection control lead. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- There was a recruitment policy in place detailing the procedure to follow when recruiting staff. We reviewed nine personnel files for a selection of staff including a long term locum GP. For eight of these staff appropriate recruitment checks had been undertaken prior to employment. These included evidence of identity, references, qualifications and registration with the appropriate professional body. DBS checks had been carried out. However one clinical staff member had not provided a comprehensive work history that included reasons for leaving past employment. We were told they were known by a GP partner who had since left the practice. No references had been provided for this staff member until 10 days prior to our inspection when the previous partner gave one.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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.

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.

Are services effective?

(for example, treatment is effective)

Our findings

Our inspection of 8 December 2015 found that training had not been a priority and the majority of training had been carried out immediately prior to our inspection. The practice manager had not been appropriately managed. During this inspection we found improvements had been made in these areas.:

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice were in the process of restructuring their meetings and checking that NICE guidelines were being implemented and would be on the monthly meeting agenda for discussion.

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 99% of the total number of points available. This was better than the clinical commissioning group (CCG) average of 93% and the national average of 95%. The exception reporting rate was 10%. This was higher than the CCG average of 7% and the national average of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 98%. This was better than the CCG average of 82% and the national average of 89%.

- Performance for mental health related indicators was 100%. This was better than the CCG average of 92% and the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years and two of these were completed audits where the improvements made were implemented and monitored. These included a minor surgery audit where evidence was seen of improved infection rates. There had also been two prescribing audits.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Although audits were completed and available for all appropriate staff, they had not been widely shared with GPs to ensure learning was implemented. However, we saw the plan was for audits to be discussed in clinical meetings to ensure all clinicians were aware of them.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The lead nurse told us the partners encouraged training requests and their updated training was monitored.
- Mandatory training was monitored by the assistant practice manager and face to face training workshops were arranged for all staff during monthly meetings.
- 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

Are services effective?

(for example, treatment is effective)

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.

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. There was good attendance at these meetings, with regular input from district nurses, health visitors, Macmillan nurses and school nurses.

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. Workshops had been held to train staff, and formal Mental Capacity Act training had been provided for clinical staff.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- The healthcare assistant provided weight management advice and smoking cessation advice was available within the building. Referrals were made to drug and alcohol clinics in the area.

The practice's uptake for the cervical screening programme was 90%, which was above the CCG average of 82% and the national average of 82%. Nurses told us that if appropriate they telephoned patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, the childhood immunisation rate for the vaccinations given to under two year olds was 74% and five year olds ranged from 74% to 81%.

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

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.
- Dementia Friends training had been scheduled for all staff during the month following our inspection.

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

We spoke with nine patients including four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 92% 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%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% 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%.

- 81% 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%.
- 81% 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:

- 88% 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%.
- 87% 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 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. Staff

Are services caring?

were aware of when an interpreter should be used and we heard examples of where staff had been unhappy with family members interpreting and had arranged formal interpreters.

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 168 patients as carers (1.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

There was no practice policy regarding action to take when families suffered a bereavement. Action varied between clinicians. Some sent sympathy cards, some visited families and others telephoned the family to offer support. Specific bereavement counselling was not offered at the practice but patients could be referred to nearby services.

MIND, the mental health charity, attended the practice twice a week to provide a counselling service. A focussed care worker also attended two days a week to look holistically at patients' health, social and financial needs and signpost to relevant services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Our inspection of 8 December 2015 found that complaints were not managed appropriately. Access to appointments was also an issue. During this inspection we found that improvements had been made in these areas.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments from 7am Monday to Friday.
- 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.
- Telephone appointments were available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, for example yellow fever vaccinations.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 7am and 6.30pm Monday to Friday. Appointments were 7am until 6.10pm Monday to Friday. 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. Telephone appointments were also available. Reception staff had been trained and had a flowchart so they knew which patients were suitable for a telephone appointment, and they were then offered to appropriate patients. We saw that GPs monitored the suitability of telephone appointments and provided constructive feedback to reception staff. This system had only started in the few weeks prior to the inspection and early indications were that working patients in particular appreciated this.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 43% 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%. This had increased since the January 2016 results. The members of the patient participation group (PPG) we spoke with told us they had more recently noticed a positive difference in phone access.

It had been recognised that telephone access had been an issue and an access audit had been completed in March 2016. This found that the issue had been around the automated telephone appointment system that was not being used correctly. This system was stopped and staff received updated training about the type of appointment patients should be given. The repeat access survey in June 2016 showed that although some patients said they preferred using the previous automated service, access to appointments had increased and GPs were not booked as far in advance for routine appointments.

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. A GP was available daily to make home visits. When they were not visiting patients they were available for urgent telephone consultations with patients. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

- It had reviewed its complaints policy and procedures and they 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.
- We saw that information was available to help patients understand the complaints system. This was in writing in the waiting area and on the practice website.

We looked at complaints received since the previous inspection. All complaints were responded to appropriately and responses included the practice complaints leaflet containing information about how the complaint could be escalated. Complaints were discussed in meetings so lessons learnt were shared.

Are services well-led?

Good 

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

Our findings

Our inspection of 8 December 2015 found that policies and procedures were brief, not always practice specific, and did not contain enough detail to guide staff. The patient participation group (PPG) said they were unsure of their remit and they thought the practice was not receptive to their ideas. The practice manager was not managed, and there were no governance structures in place to reflect the vision and values of the practice. During this inspection we found that improvements had been made in these areas.

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, and staff understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. This had been revised since our previous inspection with all partners being involved in the new plans.

Governance arrangements

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

- There was a clear staffing structure and 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. This had been put in place since our previous inspection.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff also commented that there had been positive changes made since the previous inspection and communication had improved.

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.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff were now asked what support they needed so they were more involved in how they were managed.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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 PPG. There were approximately 30 to 40 members, with 10 to 15 active members. Meetings were held approximately every six weeks. The PPG told us they were consulted following the previous inspection and they had been involved in discussing the action plan to make improvements. They felt valued and thought the practice had been open and honest with them.
- The PPG had been involved in a patient survey in July 2016 and they put together an action plan. They felt the practice acted on their recommendations and said they had recently seen improvements in the practice, especially around appointment access.
- The practice had carried out access surveys and made changes in response to the outcomes. These included having daily telephone appointments available.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

Following the previous inspection the partners had immediately started to work together more effectively, with one taking over registered manager responsibilities. (The registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations). They met regularly during weekend to ensure a plan of improvement was put in place that was regularly monitored and adapted as necessary.

One GP had the responsibility of the Care Quality Commission (CQC) lead. Following the previous inspection the partners had taken time to look at all aspects of the practice, not just the regulatory breaches identified by the CQC. Partners told us that although this felt they were starting from scratch and staff found it difficult, they thought this was required so they all knew what changes needed to be made. Partners and staff told us that there had been very few staff changes throughout this period as staff had worked together and were supportive of each other. Prior to the previous inspection there was little interaction between staff groups and now all staff met monthly.

The practice were advertising for partners, and a practice manager to help take the positive changes forward.

The practice was a teaching and training practice and had been awarded a gold award from Manchester University in 2014-15 following feedback from medical students.

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found that the registered person did not ensure all staff were of good character. The information required in Schedule 3 was not held for all staff.</p> <p>This was in breach of Regulation 19 (1) (3) of the Health and Social Care Act 2008 (RA) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	