

Altrincham Medical Practice

Quality Report

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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?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Outstanding



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 Altrincham Medical Practice on 10th December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a very clear leadership structure and staff felt particularly 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 provider should :

- Introduce a system so that patients are routinely advised about the Parliamentary Health Service Ombudsman (PHSO) if they are unhappy with their received response. In addition, learning from complaints should be more widely disseminated and discussed to ensure that all staff are aware when things go wrong.

Summary of findings

- Check that patient records are documented when patients are offered, but refuse the services of a chaperone.

We saw areas of outstanding practice:

- The practice undertook a continuous audit process throughout the year which involved all members of staff and was not restricted to clinical audit. The findings from those audits were used to make changes, improve services and develop staff into roles which were better equipped to meet patients' needs and provide positive outcomes.
- The practice regularly gathered feedback from patients through patient satisfaction forms which were handed out by all the clinicians at various

intervals. A member of staff was responsible for collating the feedback and reporting positive and negative comments back to the practice manager, which was then addressed with each clinician where necessary.

- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff roles and responsibilities were altered and enhanced to meet the demands of patients' needs. Training and reward was provided to support staff in those role changes.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams 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 higher than others for most 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 not always widely enough shared with staff and other stakeholders.

Good



Are services well-led?

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.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Clinical and non clinical staff told us how their job roles and responsibilities had changed and improved following discussions during appraisals. They had put forward and agreed how their roles could be develop to provide better services for the practice and the patients. They had then received training required to support them in those roles and when their responsibilities had increased they had received financial remuneration to reflect the change.
- The practice gathered feedback from patients regularly, using web forms and handing out patient satisfaction forms on a regular basis following consultations with GPs and nursing staff

Outstanding



Summary of findings

and also following interactions with administration staff. A member of staff had responsibility for collating and analysing the information and any negative comments were immediately reviewed and actioned.

- There was a very active patient participation group which influenced practice development and we were told by a member of the group that they felt involved and listened to and that actions put forward were addressed.

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.

Good



- 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.
- They had a telephone reminder service with an alert on the patient's record if this service was required. They found this had decreased the amount of appointments which were not attended.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The overall average performance for all diabetes related indicators was 86% which was better than the national overall average of 83%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and/or nurse 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 and nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- 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 relatively high for all standard childhood immunisations.

Summary of findings

- 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 had introduced a robust recall system to increase their screening outcomes and had carried out an audit that demonstrated how screening had increased and how the new telephoning system was having a positive impact on patient attendance. Data showed that the percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 84% which was better than the national average of 81%.
- 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 other children related services.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Text appointment reminder services were used.

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, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice nurse regularly and pro-actively visited patients at home who could not attend the surgery.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

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.

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).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record was 95% which was higher than the national average of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice were performing above local and national averages. 279 survey forms were distributed and 108 were returned.

- 76% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 92% found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 91% said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 83% described their experience of making an appointment as good (CCG average 75%, national average 73%).

- 91% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. No comments cards were returned. However, we spoke with 14 patients during the inspection and all reported positively about the practice. All patients without exception said they were satisfied with the treatment they received. They gave particular praise for the reception staff who they said were pleasant, efficient and helpful. They said they were happy with the care they received and thought that the staff were approachable, committed and caring. One patient said that if the GPs suspected something they would not rest until they got to the bottom of it.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should introduce a system so that patients are routinely advised about the Parliamentary Health Service Ombudsman (PHSO) if

they are unhappy with their received response. In addition, learning from complaints should be more widely disseminated and discussed to ensure that all staff are aware when things go wrong.

- They should also check that patient records are documented when patients are offered, but refuse the services of a chaperone.

Outstanding practice

- The practice undertook a continuous audit process throughout the year which involved all members of staff and was not restricted to clinical audit. The findings from those audits were used to make changes, improve services and develop staff into roles which were better equipped to meet patients needs and provide positive outcomes.
- The practice regularly gathered feedback from patients through patient satisfaction forms which

were handed out by all the clinicians at various intervals. A member of staff was responsible for collating the feedback and reporting positive and negative comments back to the practice manager, which was then addressed with each clinician where necessary.

- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff

Summary of findings

roles and responsibilities were altered and enhanced to meet the demands of patients' needs. Training and reward was provided to support staff in those role changes.

Altrincham Medical 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 advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Altrincham Medical Practice

The practice moved to Lloyd House following a redevelopment project in November 2011 and in the last four years they have increased their list size by around 1000 patients. The catchment area covers Altrincham, Dunham, Timperley, Hale, Bowdon and the surrounding areas and the list size is currently 6851 patients with the largest population group between the ages of 15 and 44.

The practice has acted as a training provider for year four medical students from the University of Manchester for the last two years and has been awarded a gold star for excellence from the University.

There are currently three GP partners, one salaried GP, two practice nurses and a health care assistant. There is an equal ratio of male and female GPs who all provide six clinical sessions per week.

The practice is open between 8.30am and 6.00pm Monday to Friday with a telephone answering service and access to a GP on call from 8.00am. The practice runs a late evening surgery once a week either on a Monday or a Tuesday evening dependent on which GP is available. Appointments for these clinics are pre-bookable. Between 6.00pm and 6.30pm each day, patients were diverted to Mastercall (the out of hours provider) and at all other times patients were

diverted to NHS111. However, this arrangement was due to change in the near future with the introduction of an extended hours contract and GP Federation. Routine appointments were Monday to Friday from 9.00am until 11.30am every morning and 3.30pm until 6.00pm in the afternoon. 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.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 December 2015. During our visit we:

- Spoke with patients who used the service.

Detailed findings

- Spoke with a range of staff including two GP partners, the nursing staff, the practice manager and administration and reception staff.
- Observed how people were treated by reception staff.
- Looked at documentation with the practice manager and reviewed sections of patient records when required.

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, in one case a patient referral was delayed because repeat test results went to a different GP each time. The practice then implemented a new system so that all repeat tests were sent to the requesting GP.

The practice manager decided which events of significance were emailed to which relevant staff and which were discussed at weekly practice meetings. The practice acknowledged that the system to communicate and share significant events could be improved and had a plan in place to ensure that all staff, clinical and non-clinical, were made aware of every event.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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 relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that nurses would act as chaperones, 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). Staff told us that often a patient would refuse a chaperone but we found that this was not documented in the patient record.
- 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 and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice obtained 100% when they were audited by the CCG on their fridge management and cold chain requirements.
- 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration

Are services safe?

with the appropriate professional body and the appropriate checks through the DBS. We also saw risk assessments to show where DBS checks had not been requested.

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. 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 also 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. However, they had not carried out any legionella testing. Following discussion we felt assured that this would be undertaken without delay.
- 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 that enough staff were on duty. Staff were able to cover each other's roles when required and were happy to do so.

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. A member of staff told us that the practice manager checked staff responses by activating the alert on occasion.
- 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. There was also a first aid kit and accident book 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 fit for use.
- 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

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 peoples' 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 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, with a clinical exception rating of 8.7%. Exception reporting is a way of excluding patients from the data for specific reasons. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed that:

- The overall average performance for all diabetes related indicators was 86% which was better than the national overall average of 83%
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was better than the national average of 84%
- The overall average performance for all mental health related indicators was 90.5% which was better than the national overall average of 88.75%

None of the QOF indicators in the data pack were highlighted for further enquiry other than the percentage of antibiotic items prescribed that were Cephalosporins of Quinolones. These were higher than required. However the practice had identified the issue and had a plan in place to address it.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a new recall system for 40-74 health checks. The practice planned to re-audit against their findings again in 12 months. In addition the system for recall of patients requiring cervical cytology screening had been improved with a specific member of staff now responsible for this piece of work.
- The practice evidenced substantial improvement over the last two years in providing health checks for patients aged between 40 and 74 years who have no other chronic disease. They achieved this by training a member of staff, working with primary care support to identify target groups and setting up a new recall system. The system positively impacted on the number of health checks done and the practice forecast an achievement higher than that set by Trafford CCG of 20% for this year. The initial audit in 2011/2012 demonstrated 9.87% of 1509 eligible patients received a health check. When reaudited in 2015 this figure had risen to 17.73% of a possible 1331 eligible patients.
- The practice had recently introduced a process whereby they reviewed all patient deaths on a quarterly basis using a death analysis tool. The objective of this was to ensure that all appropriate action had been taken, increase learning and understanding of the care and treatment provided and ensure that nothing could have been done differently prior to the patient's death.

Information about patients' outcomes arising out of audits was used to make improvements such as new protocols for checking patients' medicines when they were discharged from hospital and an increase in the length of practice nurse appointments from 15 to 20 minutes for patients with long term conditions.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. There was a robust training system for clinical and non clinical staff to ensure they met requirements according to their position and responsibility.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. There was a specific member of staff responsible for checking all patients

discharged from hospital to see if any additional action was needed and to establish if changes had been made to the patient's medicines whilst they were in hospital. This ensured that there was no delay if changes were required.

We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term conditions and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to relevant services when necessary.
- One of the members of staff was able to provide advice on diet and smoking cessation was available from a local support group.
- The practice nurse was responsible for ensuring that results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Childhood immunisation rates for the vaccinations given were comparable to National averages. For example, childhood immunisation rates for the

Are services effective?

(for example, treatment is effective)

vaccinations given to under two year olds ranged from 43% to 99% and five year olds from 92% to 99%. Flu vaccination rates for the over 65s were 78%, and at risk groups 62%. These were also above thenational averages of 73% and 55% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

No patient CQC comment cards were received. However, we spoke with 14 patients and a member of the patient participation group. All responses were positive and reported that the care provided by the practice was satisfactory and that dignity and privacy was respected. The practice also undertook patient satisfaction surveys on a regular basis and we reviewed a sample of 50 feedback forms. All the responses were positive and highlighted that staff responded compassionately when patients needed help and provided support when required.

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

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 94%, national average 92%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 above average with local and national averages. For example:

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

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had identified patients who were carers and there was an alert on the patient's note to highlight this. Written information was available to direct carers to the various avenues of support available to them. The practice acknowledged that they could do even more to involve and assist patients who were carers and were putting in plans to address this.

Staff told us that they were informed when a patient had suffered bereavement and were able to offer support. GPs

Are services caring?

would provide patient consultations at flexible times to fit in with the family's needs and offered advice on how to

access other services for support. Bereavement cards were sent to immediate family members and an alert was placed on the relatives record to say that the patient was recently bereaved. The alerts were reviewed on a six monthly basis.

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. These included a newly formed Federation to support extended availability for patients. In addition, the Federation was in discussion with the CCG to integrate a physio/musculo-skeletal service. The practice was also aware that non English speaking patients were increasing and ensured that language barriers were identified at the time of registration.

- Home visits were available for older patients, patients with a learning disability and any other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had a proactive approach to identify and reduce the number of emergency unplanned admissions to secondary care.
- The practice nurse carried out monthly home visits for patients with dementia, learning and/or physical disabilities and those with mental health problems.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday with a telephone answering service and access to a GP on call from 8.00am. The practice ran a late evening surgery once a week either on a Monday or a Tuesday evening dependent on which GP was available. Appointments for these clinics were pre-bookable. Between 6.00pm and 6.30pm each day, patients were diverted to the out of hours provider, Mastercall, and at all other times patients were diverted to NHS111. However, this arrangement would change in the near future with the introduction of the extended hours contract and GP Federation. General appointments were Monday to Friday from 9.00am until 11.30am every morning and 3.30pm until 6.00pm in the afternoon. 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.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 87% and national average of 85%.
- 76% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 83% patients described their experience of making an appointment as good (CCG average 75%, national average 73%).
- 91% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

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.
- We saw that information was available to help patients understand the complaints system. This information was contained in the practice leaflet which was available at reception, on the website, and through patient complaint forms which were provided by the practice.

We looked at nine complaints received in the last 12 months and found that they were dealt with satisfactorily. They were investigated in an open and transparent manner and the patients were contacted and given an explanation and apology if required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. However we found that patients were not routinely advised that they could refer their complaint to the Parliamentary Health Service Ombudsman (PHSO) if they were unhappy with their received response. In addition, we found that learning was

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

not always widely disseminated and discussed. Following feedback we felt assured that a system would be implemented and requirements to improve shared learning in this area would be addressed.

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 deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a 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. This outlined the structures and procedures in place. We found that:

- There was a clear staffing structure, staff were aware of their own roles and responsibilities, understood the boundaries of their role and were able to cover each other's duties when required.
- Practice specific policies were implemented and were available to all staff. Some of those policies required review to ensure that they were kept up to date, but staff knew where to access up to date information and brought updates to the practice manager if they felt they were required.
- There was a comprehensive understanding of the performance of the practice by all members of staff who were all involved in improvement.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements and these audits were not limited to clinical staff.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensured high quality

care. They prioritised safe, high quality and compassionate services. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice provided reasonable support, truthful information and a verbal and written apology if required.
- They kept written records of verbal interactions as well as written correspondence of formal complaints.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so. They felt supported if they did and provided examples where required changes had been made. We also noted that team away days were held.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through its virtual patient participation group (vPPG) and through surveys and complaints received. The PPG was active and consisted of eight members. There were also

Are services well-led?

Outstanding



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

systems in place to recruit new members. A member of the group told us there was regular interaction with the practice and that they felt valued and confident that feedback was addressed. They were recently in discussion to improve disabled access and to improve the website.

- The practice had also regularly gathered feedback from patients through patient satisfaction forms which were handed out by all the clinicians at various intervals. A member of staff was responsible for collating the feedback and reporting positive and negative comments back to the practice manager, which was then addressed with each clinician where necessary.
- Staff feedback was obtained through weekly practice meetings with open discussions, appraisals and informal general discussions. All the staff we spoke with said they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt very involved and engaged in helping to improve how the practice was run. We saw minutes produced from those meetings with feedback and actions provided to relevant staff through tasks and emails.

Continuous improvement

There was a strong 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. All these initiatives were taken on board with a view to improving outcomes for patients in the area.

- The practice undertook a continuous audit process throughout the year which involved all members of staff

and was not restricted to clinical audit. The findings from those audits were used to make changes, improve services and develop staff into roles which were more adequate to meet patients needs and provide positive outcomes.

- They acted as a training provider for year four medical students from the University of Manchester and had received positive feedback from the students on their experience with the GPs and practice staff. They were awarded a gold star for excellence from the University.
- The practice were high QOF achievers and provided a number of enhanced services and quality premiums which allowed them to measure quality and help to identify target groups such as cervical cytology screening, cancer research and the Trafford Care Co-ordination Centre (TCCC) which was currently in development.
- They were part of the South locality federation group and were in discussion about what improvements were needed to take this forward. For example, integrated patient records.
- They had a succession plan in place to meet continued added pressures of a retiring GP and the introduction of seven day access. Changes had already included additional GP and practice nurse sessions.
- They were currently involved in a pilot scheme for the next phase of the implementation of the summary care record (SCR), had recently signed up to the second phase of the Electronic Prescription Service (EPS2) and were planning work with people from the primary care foundation over the coming months around urgent care and access capacity.