

Dr P A Jackson & Dr J C Jackson ---Peel GPs

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?	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 Dr P A Jackson & Dr J C Jackson-Peel GPs on 7 May 2015.

Overall the practice is rated as good.

Specifically, we found the practice to be good for providing, safe, effective, caring, and well led services.

It was also good for providing services for the populations groups we rate as follows; older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students) and people experiencing poor mental health (including people with dementia).

We found that the practice was providing outstanding services for people whose circumstances may make them vulnerable.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and managed.
- Patients' needs were assessed and care was planned in line with best practice guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they could make an appointment with a named GP, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

We saw outstanding practice was provided to people whose circumstances may make them vulnerable:

Summary of findings

- One of the GPs took a lead for substance misuse in the Bury area. The GP attended and provided GP services to the Bury Drug and Alcohol Team and had done this for approximately 15 years. Patients from across the Bury area accessed this service in addition to patients from the practice. This benefited patients from the practice and those from the wider geographical area.
- The same GP was lead for the 'Zero Tolerance' patient scheme commissioned by Bury CCG. The scheme provides support to practices in their dealing with difficult to manage and violent or aggressive patients, some of whom have been removed from GP lists.

Patients from across the Bury area could access an appointment with a GP at a centralised location in the Bury. This benefited patients from the practice and those from the wider geographical area.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- The practice should be more pro-active in their attempts to gather patient feedback.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to relevant staff members. Information about safety was recorded, monitored, appropriately reviewed and addressed. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Patient's needs were assessed and care was planned and delivered in line with current legislation, this included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and training was planned. Multidisciplinary team working was a feature of the practice. The practice had a number of Enhanced Services, including learning disability, dementia, alcohol and frequent attenders; these are patients who frequently attend hospital emergency departments instead of visiting their GP.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information was provided to help patients understand the services available to them. Staff treated patients with kindness and respect, and maintained confidentiality. Clinical staff were passionate and committed to providing good patient care.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they usually got to see the same GP; there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.

Good



Are services well-led?

The practice is rated as good for well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities

Good



Summary of findings

in relation to the practice. There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures in place to govern activity. There were systems in place to monitor and identify risk. The practice needed to be more proactive in seeking feedback from patients. Appraisals were planned and personal development plans for all staff needed to be implemented.

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 registered with the practice and had a range of enhanced services, for example, in dementia. All patients aged 75 years and over had a named GP. The practice offered home visits and rapid access appointments for those with enhanced needs and visits to people who lived in care homes were provided.

The practice participated in a Nursing Home LES (Local Enhanced Service), which meant patients who resided at a local nursing home were assured a consistent and supportive service from the practice that included a weekly review visit if required and annual reviews of care plans and plans for end of life care.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. The practice has a register of patients with long term conditions and has a recall system in place to ensure patients are called for an annual review so the condition can be monitored and reviewed. GPs run regular 'Chronic Disease Clinics' in addition to the appointments offered by the practice nurses. Patients whose long term conditions leave them at increased risk of hospital admission are covered by the 'Unplanned admission' enhanced service. These patients have care plans with quarterly reviews and post discharge reviews. The practice is proactive in offering flu and pneumococcal vaccination to those eligible or in at risk groups. For those people with the most complex needs GPs worked with relevant health and social 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. Appointments were available outside of school hours and the premises were suitable for children and babies. A telephone triage system ensures that children are seen as soon as possible. The practice provided a 'one stop clinic' when the 6-8 week, first immunisations and postnatal checks were completed. This reduced the number of attendances for the family. The practice worked well with midwives, health visitors and school nurses. Baby changing facilities and breast feeding facilities were provided. Baby clinics were held weekly and led by a GP. Nurse led immunisation clinics for

Good



Summary of findings

young children were held weekly. Family planning services were provided including on site implants and coil services. Systems were in place for identifying and following-up vulnerable families and who were at risk.

The practice was aware of children on protection registers and used an alert system within the patient record to alert staff to the child's attendance in surgery. All staff knew who the safeguarding leads were and had received training in safeguarding. Staff knew what action to take if they had concerns about a child.

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. Services included early morning and late evening appointments, pre-bookable appointments and on-line appointment booking and prescription ordering. Appointments with a nurse or a health care assistant were available Monday to Friday from 8am and routine pre-bookable GP appointments were available Monday to Friday from 8,30am.

Online prescription ordering and online appointment booking were available through the practice website and could be accessed by all patient groups. This service was said to be particularly useful for patients who worked and may not have the time to contact the surgery by telephone or by visiting the practice to make an appointment.

The practice is part of the 'Easy GP' scheme run by Bury GP Federation (part of the Prime Minister's Challenge Fund). This gives patients access to routine pre bookable and same-day GP appointments at five GP practices across the Bury area. Appointments are available from 8am to 8 pm Monday to Friday and 8am to 6pm on weekends. Patients book appointments through their own GP.

Access to alcohol screening, smoking cessation and support with weight management was promoted to enable patients to make healthy lifestyle choices.

Good



People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The practice held a register of patients with a learning disability. Annual health checks were undertaken for this patient group and longer appointments

Outstanding



Summary of findings

were made available. 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. For patients where English was their second language, access to language line and interpreters was available. Measures were in place to alert clinical staff when patients failed to collect prescriptions.

The practice was both committed and dedicated to supporting some of the most vulnerable patient groups, ensuring that they accessed health care when needed, with one of the GPs involved in a number of initiatives that supported vulnerable patients.

One of the practice GPs had a special interest in supporting patients with substance misuse issues and was the GP lead for substance misuse in the Bury area and attended and provided GP services to the Bury Drug and Alcohol Team and had done this for approximately 15 years. They worked with other professionals including health and social care colleagues where the 'Recovery Model' was the adopted approach of the team with abstinence being the goal of treatment.

The practice also participated in an alcohol primary care pathway DES (Directed Enhanced Service), which meant that patients who needed support and or help with alcohol issues were supported and signposted to community and secondary services when required.

The same GP was the lead for 'Zero Tolerance' patient scheme across the Bury area. This meant that patients who were difficult to manage in primary care services due to violence and aggression and had previously been removed from GP lists could access an appointment with the GP at a centralised location in Bury. This scheme benefited patients from the practice and those from the wider geographical area.

The practice participated in a learning disability DES (Directed Enhanced Service), which meant that patients who had a learning disability were invited to attend an annual review with a GP and longer appointments were provided to ensure this patient groups needs were fully assessed.

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). People experiencing poor mental health received an annual health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health,

Good



Summary of findings

including those with dementia. Patients in this group were offered longer appointments. Telephone triage services allowed for quick responses to patients who felt their mental health was deteriorating or who were at crisis point.

Summary of findings

What people who use the service say

We received 21 CQC patient comment cards and spoke with six patients.

We spoke with people from different age groups and patients from different population groups, including, parents and people with long term conditions. The patients we spoke with were complementary about the service. Patients told us that they were treated with respect.

Feedback included individual praise of staff for their care and kindness. Patients described GPs and nurses as very understanding and professional. They told us that reception staff were helpful and polite.

Patients told us the practice was always bright and clean.

Patients we spoke with told us they were involved in deciding the best course of treatment for them and they fully understood the care and treatment options that had been provided.

Patients told us that during consultations with GPs they felt listened to.

We looked at feedback from the GP national survey for 2013/2014. The GP national survey 319 surveys were sent out and 113 returned, representing a 35% completion rate.

Feedback included; 80% of respondents described their experience of making an appointment as good compared with the Local Clinical Commissioning Group (CCG) average of 70%.

A total of 82% of respondents with a preferred GP usually got to see or speak to that GP in comparison with the local (CCG) average of 62% and 76% of respondents usually waited 15 minutes or less after their appointment time to be seen in comparison with the local (CCG) average of 62% this meant the practice performed better than other practices in the area.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should be more pro-active in their attempts to gather patient feedback.

Outstanding practice

- One of the GPs took a lead for substance misuse in the Bury area. The GP attended and provided GP services to the Bury Drug and Alcohol Team and had done this for approximately 15 years. Patients from across the Bury area accessed this service in addition to patients from the practice. This benefited patients from the practice and those from the wider geographical area.
- The same GP was lead for the 'Zero Tolerance' patient scheme commissioned by Bury CCG. The scheme

provides support to practices in their dealing with difficult to manage and violent or aggressive patients, some of whom have been removed from GP lists. Patients from across the Bury area could access an appointment with a GP at a centralised location in the Bury. This benefited patients from the practice and those from the wider geographical area.

Dr P A Jackson & Dr J C Jackson ---Peel GPs

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 nurse specialist advisor and an expert by experience.

Background to Dr P A Jackson & Dr J C Jackson ---Peel GPs

Dr P A Jackson & Dr J C Jackson – Peel GPs is located in Bury town centre, within the Bury Clinical Commissioning Group (CCG.) The practice was responsible for providing treatment to approximately 3692 patients.

The practice team comprises a male GP and a female GP. The practice is located on the first floor and shares the facilities with two other practices. The practice shares, two practice nurses, a healthcare assistant, a practice manager, and a number of shared secretary/receptionist staff.

All treatment rooms are located on the first floor along with a patient reception area. There is lift within the building. The building is suitable for disabled patients and those who use a wheelchair. There is a disabled toilet which also provides baby changing facilities. The practice had a hearing loop in the reception area.

The practice is open from 8am to 6pm Monday to Friday. Patients can also access evening appointments up to 8pm via the 'Easy GP' extended working hours service.

Appointments can be booked by telephone, in person, via the practice website, email and online.

The practice operates an all-day telephone triage appointment system.

The practice has a GMS contract. The General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities.

When the practice is closed patients are directed to the out of hour's service provided by BARDOC a local out-of-hours service.

Why we carried out this inspection

We inspected this service as part of our 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. This 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.

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

Detailed findings

How we carried out this inspection

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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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 7 May 2015. During our visit we spoke with a range of staff that included GPs, practice nurses, a practice manager and reception and administration staff. We also spoke with patients who used the practice. We reviewed policies, procedures and other information the practice manager provided before the inspection day. We reviewed CQC patient comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents.

We reviewed safety records and minutes of meetings, which demonstrated that the practice had systems in place that provided an opportunity to review practices and procedures. Business meetings were held quarterly and clinical meetings between the GP and practice nurses were held monthly to consider results from the national Quality Outcome Framework. The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

The practice worked closely with Bury Clinical Commissioning Group and attended monthly locality meetings and monthly practice manager forums. These meetings provided an opportunity for shared learning and discussion of significant events with other practices in the Bury area.

Quarterly medication meetings were held with pharmacist advisors from the local clinical commissioning group (CCG) to ensure safe medication practice was followed and patient safety was upheld.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed four significant event reports. These included an analysis of the incident, actions taken and lessons learned. However we noted that shared learning from events was not consistently applied, for example, significant event discussions were not a regular item on clinical meetings.

GPs received national patient safety alerts direct and others were disseminated by email to nursing staff and other practice staff.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. The practice had a detailed and comprehensive child protection policy and a vulnerable adult's policy. The practice followed Bury Council safeguarding policy and protocols for both children and adults.

One of the GPs was the safeguarding lead for children and the other GP was the lead for adults. Staff told us they knew what action to take if they had concerns about a patient and reception staff knew were able to identify the leads and what action to take in the absence of the lead GPs.

We found both lead GPs were knowledgeable about the contribution the practice made to multi-disciplinary child protection work. Arrangements were in place to share safeguarding concerns with NHS and local authority partners and this ensured a timely response to concerns identified.

Training records showed that all staff clinical and non-clinical had completed training in safeguarding children and in adult protection training with GPs being trained to level three which is the required level of training for GPs.

Within the patient record system there was an alert system which alerted GPs, nursing staff and reception staff to any ongoing child protection concerns and systems were in place to monitor children or vulnerable adult's attendance at accident and emergency departments or missed appointments.

The practice had a chaperone policy and this was displayed in the patient waiting area and in all treatment areas. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Nursing staff acted as chaperones when required. Patients we spoke with were aware of this service but none had direct experience of it because they had not required the use of the service.

Medicines management

Systems were in place for the management of medicines including medicines management policies. We checked medicines stored in treatment rooms and refrigerators and found medication was stored securely. We saw medicines,

Are services safe?

including vaccines, stored within the practice were in date and systems were in place to check expiry dates. Vaccine stocks were well managed and in date. Fridge temperatures were recorded and monitored. Cold chain protocols were strictly followed. The cold chain process ensures that medicines are stored within a safe temperature range.

Emergency medicines for cardiac arrest were available within the building and were stored securely in the reception area. Records of monthly checks were maintained.

The practice had guidelines in place for repeat prescribing which was in line with the General Medical Council (GMC) guidelines. The practice processed repeat prescriptions within 48 hours. Patients we spoke with told us that requests for repeat prescriptions were dealt with in a timely way. A 'Batch prescription' service was available for patients who received the same medicines each month. Up to six months batch prescriptions could be issued at any one time.

Patient medication recall systems were in place which allowed for annual medicine reviews to take place with a GP and changes recorded in patient's electronic records.

We saw prescriptions for collection were stored behind the reception desk. At the end of the day uncollected prescriptions were locked away in a secure cabinet. Reception staff we spoke with were aware of the necessary checks required when giving out prescriptions to patients who attended the practice to collect them. All prescriptions were reviewed and signed by a GP before they were given to the patient.

Cleanliness and infection control

Patients we spoke with told us the practice was 'always clean and tidy'. There were systems in place that ensured the practice was regularly cleaned. We saw that the practice was clean throughout and appropriately maintained.

One of the practice nurses had overall responsibility for infection control and staff were up to date with infection control training. An Infection Control Policy was in place, along with protocols for the safe storage and handling of specimens. Appropriate arrangements were in place to dispose of used medical equipment and clinical waste safely

Protective equipment such as gloves, aprons and masks were readily available. This was to protect both patients and staff from exposure to potential infections. Examination couches were washable and were all in good condition. Each clinical area had a sharps disposal bin that was positioned out of reach to children. Sharps bins included the date of when it had been opened.

Disposable privacy curtains were used in all treatment areas and were labelled as to when they required replacing.

Hand washing facilities were available and notices about hand hygiene were displayed in staff and patient toilets. Liquid soap and paper towels were provided in these areas.

The storage and use of medical instruments complied with national guidance. The practice did not use any instruments which required decontamination between patients and that all instruments were for single use only.

Equipment

A defibrillator and oxygen were available for use in a medical emergency. These were stored close to the reception area and were in reach in the event of a medical emergency.

There were contracts in place for annual checks of fire extinguishers, portable appliance testing and calibration of equipment such as spirometers, used to measure lung function. Checks were undertaken and records kept to evidence that equipment was maintained.

Panic buttons were located in clinical and treatment rooms for staff to call for assistance in the event of a difficult situation along with an alert facility within the electronic patient record system.

Staffing and recruitment

The practice had a recruitment and selection policy. We were told the staff group at the practice was a stable one and there had only been one new staff appointment in the last 12 months. We saw that a number of pre-employment checks were taken up prior to employment, these included references and Disclosure and Barring Service (DBS) checks for clinical staff.

Are services safe?

As part of the quality assurance and clinical governance processes checks of the General Medical Council (GMC) and Nursing Midwifery Council (NMC) registration lists were periodically made to ensure that doctors and nurses continued to be able to practice.

Safe staffing levels were maintained and staff including GPs, nurses and reception staff worked across the practice. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patient, staff and visitors. These included checks of medicines and equipment. The practice had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Staff training was monitored and this ensured that staff had the right skills to carry out their work. Staff had received training in fire safety and there was a nominated fire marshall for the practice.

We found checks were made to minimise risk and best practice was followed, for example in respect of medicines management. The practice had a system in place for reporting and monitoring significant events.

Staff knew where the emergency equipment was stored and how to access this in the event of an emergency.

Practice meetings provided an opportunity for peer review and to discuss patients with complex care needs.

Arrangements to deal with emergencies and major incidents

A business continuity plan was in place to deal with a range of emergencies that might impact on the day to day operation of the practice, for example, power failure, reduced staffing and access to the building.

The practice was located and maintained by NHS Property Services who were responsible for all maintenance contracts including legionella testing and fire safety tests.

Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency) and clinical staff were trained to use it. When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked periodically.

Emergency medicines were available in a secure area of the practice and all staff knew of their location.

Patients were aware of how to contact the out of hours GP service and the practice website provided updated information for patients on this facility.

We saw emergency procedures for staff to follow if a patient informed staff face to face or over the telephone if they were experiencing chest pains, this included guidance from the Resuscitation council and calling 999 for patients where required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice provided a service for all age groups including older people, people with learning disabilities, children and families, people with mental health needs and to the working population. We found GPs, nurses and other clinical staff were familiar with the needs of each patient group and the impact of local socio-economic factors on patient care.

Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate. Staff and patients had access to telephone interpreter translation services and staff were familiar with how the service operated.

We saw from information available to staff and by speaking with staff, that care and treatment was delivered in line with recognised best practice standards and guidelines. The GPs, nursing staff and health care assistant we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

GPs and other clinical staff case managed and monitored patients with long-term health needs including patients on the palliative care register.

Practice nurses and the health care assistant provided and managed a range of clinics, for example, asthma clinics, diabetes clinics, chronic obstructive pulmonary disease (COPD) reviews and new patient assessments. Patients with long term conditions were supported to self-manage, for example, diabetes. The practice was committed to health promotion and improving patient's life style.

The practice held a register of patients who had a learning disability and we were told that these patients were called for annual health checks.

The practice worked within the Gold Standard Framework for end of life care.

Patients we spoke to told us they were satisfied with the care and treatment they received. They told us they were included and had been consulted about treatment options.

We saw from QOF that the practice had achieved 100% of child development checks and this was consistent with national guidelines.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

We saw evidence of clinical audits that had been completed in respect of the practice for example, calcium and vitamin D therapy. The audits taking place demonstrated changes to patient outcomes.

The practice proactively contacted patients to remind them of annual reviews and those who had missed annual reviews. A patient recall system was in place for patients with chronic health conditions that included patients who received treatment for asthma and COPD.

The practice achieved a total of 90.3% points of the National Quality and Outcomes Framework (QOF). The national Quality and Outcomes Framework (QOF) 2013/14 showed 100% of the outcomes had been achieved for patients with arterial fibrillation and a 100% for patients with epilepsy, heart failure and hypertension. However the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their records, in the preceding 12 months that had been agreed between patients, their family and/or carers as appropriate was below the local average. The practice was aware of this and had plans to review the number of patients in this patient group and implement care plans.

Patients told us that GPs discussed and explained the potential side effects of medication during consultations.

The practice had a palliative care register and had regular multidisciplinary meetings to discuss the care and support needs of patients and their families including a review of patients medicines and any other health or social care issues relevant to their care.

Effective staffing

Are services effective?

(for example, treatment is effective)

We spoke with clinical and non-clinical staff and reviewed training records. We found that all staff employed at the practice were appropriately qualified and competent to carry out their roles safely and effectively.

The practice manager kept a record of training completed by the GPs, practice nurses, health care assistant and non-clinical staff. Staff had access to training, the majority of which was completed through e-learning, which included safeguarding children and adults, information governance and fire safety. Staff told us they were able to access training and received updates when required.

Staff including nursing staff had not had an appraisal for two years. The GPs were aware that appraisals for all staff needed to be in place and as a result the practice had developed a new policy/procedure. At the time our inspection we saw that a programme of staff appraisals had been scheduled to take place.

All GPs took part in yearly appraisal that identified learning needs from which action plans were documented. All of the GPs in the practice complied with the appraisal process. GPs are required to be appraised annually and every five years undertake a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England.

Working with colleagues and other services

The practice worked with other agencies and professionals to provide continuity of care for patients and ensured care plans were in place for the most vulnerable patients. Multi-disciplinary meetings took place to discuss patients with complex care needs, including end of life care and child protection concerns.

For patients requiring support with alcohol or substance misuse the practice referred people to the community drug and alcohol team, where one of the lead GPs was actively involved in the service and worked alongside other substance misuse professionals.

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services, both electronically and by post. All staff we spoke with understood their roles and felt the system in place worked well.

The practice was commissioned for the new enhanced service and had a process in place to follow up unplanned admissions of patients to hospital. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice worked closely with Bury Clinical Commissioning Group (CCG) and worked collaboratively on a number of local initiatives including the 'Easy GP' extended hours service.

The 'Easy GP' scheme was run by Bury GP Federation (part of the Prime Minister's Challenge Fund). It provides patients access to routine pre bookable and same-day GP appointments at five GP practices across the Bury area. Appointments are available from 8am to 8 pm Monday to Friday and 8am to 6pm on weekends. Patients book appointments through their own GP.

Patients we spoke with said that if they needed to be referred to other health providers this was discussed fully with them and they were provided with enough information to make an informed choice.

Information sharing

There was effective communication, information sharing and decision making about patients care across the practice and with external stakeholders, for example, with local authority safeguarding teams.

Care was delivered in a co-ordinated and integrated way with appropriate sharing of patient sensitive data.

The practice used an electronic patient record system to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. Information received from other agencies, for example accident and emergency or hospital outpatient departments was read and actioned by GPs on the same day. Information was scanned onto electronic patient records in a timely manner. Systems were in place for managing blood results and recording information from outpatient's appointments.

Electronic systems were also in place for making referrals through the Choose and Book system. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Are services effective?

(for example, treatment is effective)

All staff were required to sign a confidentiality agreement as part of their terms and conditions of employment at the practice which ensured patient confidentiality was maintained at all times. Staff fully understood the importance of keeping patient information in confidence and the implications for patient care if confidentiality was breached.

Consent to care and treatment

The practice had a consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Patients' verbal consent was recorded on their patient record for routine examinations.

We found that majority of staff were aware of the Mental Capacity Act 2005, the Children's Acts 1989 and 2004 and their duties in fulfilling it but no staff had completed training in the mental capacity act. We discussed this with the GPs who acknowledged this was an important piece of legislation and they would look at providing this training to staff

GPs and clinicians ensured consent was obtained and recorded for all treatment. Where people lacked capacity they ensured the requirements of the Mental Capacity Act 2005 were adhered to. GPs we spoke with understood the key parts of the legislation and were able to describe how they considered this in their practice and treatment of patients, for example best interest decisions and do not attempt resuscitation (DNACPR). Other clinical staff acknowledged that they would benefit from training on the Mental Capacity Act.

There was a practice policy for obtaining and documenting consent for specific interventions. It was the practice that for the majority of treatments patients gave implied or informed consent and arrangements were in place for parents to sign consent forms for certain treatments in respect of their children, for example, child immunisation and vaccination programmes. Where patients were under 16 years of age clinicians considered Gillick guidance. This is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

All staff we spoke with understood the principles of gaining consent including issues relating to capacity. Patients we spoke with confirmed that their consent was always sought and obtained before any examinations were conducted.

Health promotion and prevention

The practice was committed to promoting a healthy lifestyle for patients and this included providing information about services available at the practice for patients, for example, a children's immunisation and vaccination programme was in place. Data from NHS England showed the practice was achieving high levels of child immunisation including the MMR a combined vaccine that protects against measles, mumps and rubella (89.9%). We saw from the Quality and Outcomes framework (QOF) 100% of child development checks were offered at intervals that are consistent with national guidelines and policy.

It was practice policy to offer a health check with the health care assistant to all new patients registering with the practice. A new patient assessment included a review of the patient's lifestyle including family medical history and a review of their smoking and alcohol activity. The GP was informed of all health concerns detected and a follow up appointment was arranged. Where it had been identified that patients needed additional support, the practice was pro-active in offering additional help, for example, diabetes support.

Patients who smoked or who required assistance with weight management were provided with information and signposted to relevant clinics.

The practice also supported patients to manage their health and well-being. This included national screening programmes, vaccination programmes and long term condition reviews.

The practice also provided patients with information about other health and social care services such as carers' support.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance and there was a clear policy for following up non-attenders.

Written information was available for patients in the waiting area, on health related issues, local services and health promotion and carer's information.

The practice's performance for cervical smear uptake was 81.97%, slightly above the national average of 81.89%. There was a procedure to follow up those who did not attend.

Are services effective?

(for example, treatment is effective)

The practice was proactive in following up patients when they were discharged from hospital. When the practice received a discharge letter from the hospital, details were passed onto the GP and where any follow up was required staff would arrange an appointment or home visit.

The practice was pro-active in contacting patients who failed to attend vaccination and screening programmes and worked to support patients who were unable to attend the practice. For example, patients who were housebound were identified and visited at home by the practice nurses to receive their influenza vaccinations.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed reception staff speaking to patients in a respectful way and we heard staff during telephone discussions also speaking in a courteous manner.

We spoke with six patients and reviewed 21 CQC comment cards received as part of our inspection. Feedback from patients was positive about the level of respect they received and dignity offered during consultations. Patients we spoke with told us they had enough time to discuss things fully with the GP and patients told us GPs listened to them and ensured they were fully involved in decisions made about any treatments recommended.

Facilities were available within the practice reception area for patients who wanted to speak in private. All patient telephone calls made to the practice were received into the back reception area which was private and telephone calls could not be overheard.

We looked at the consultation rooms, treatment rooms and clinical areas, all areas had privacy curtains to maintain patient dignity and privacy whilst they were undergoing examination or treatment.

The practice offered patients a chaperone service. Information about having a chaperone was in the waiting area. Staff we spoke with were knowledgeable about the role of the chaperone and only clinical staff undertook this role.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

We looked at the results of the 2015 patient survey. This is an independent survey run on behalf of NHS England. The results showed that 78% of patients stated that they always or almost always saw or spoke with their preferred GP, compared with 38% nationally.

Patients told us diagnosis and treatment options were clearly explained and they did not feel rushed in their appointment. They told us they felt listened to and time was taken to assist them to understand what was happening to them, they also said they were offered options to help them deal with their diagnosis.

Patients understood their care including the arrangements in respect of referrals to secondary care appointments at local and other hospitals and clinics.

Patients told us they usually got to see the same GP and they liked this because it provided continuity of care.

GPs, practice nurses and the healthcare assistant ensured patients were involved in making decisions during appointments. We noted where required, patients were provided with extended appointments to ensure GPs and nurses had the time to help patients be involved in decisions.

Patient/carers support to cope emotionally with care and treatment

All staff we spoke to were articulate in expressing the importance of good patient care, and having an understanding of the emotional needs as well as physical needs of patients and relatives.

The practice monitored patients that had caring responsibilities. They were offered additional support and GPs were aware of local carer support groups that could be beneficial to carers registered with the practice.

Patients who were receiving care at the end of life were identified and joint arrangements were put in place as part of a multi-disciplinary approach with the palliative care team. Bereaved patients could be referred to counselling service and information was displayed in the waiting area.

From the GP national survey 84% of respondents stated the last GP they saw or spoke to was good at listening to them, 83% say the last GP they saw or spoke to was good at giving them enough time and 96% had confidence and trust in the last GP they saw or spoke to.

Are services caring?

The GP national survey reported 93% of respondents stated that the last nurse they saw or spoke with was good at treating them with care and concern.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered, for example, patients could also access evening appointments up to 8pm through the 'Easy GP' extended working hours service.

The practice GPs engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to discuss local needs and service improvements and was involved in work that benefited both the patients of the practice and those of the wider community. For example, the practice provided and supported vulnerable patients who were sometimes difficult to manage and patients with substance misuse issues.

The practice worked with patients and families and worked collaboratively with other providers in providing palliative care and ensuring patient's wishes were recorded and shared with consent with out of hours providers at the end of life.

The practice met patients' needs. Staff and patients we spoke with provided a range of examples of how this worked, such as accommodating home visits booking extended appointments, arranging translators and completing opportunistic screening and reviews.

The practice offered a range of specific clinics through the GP and nurse appointment system, including diabetes reviews and COPD, (**chronic obstructive pulmonary disease**) reviews.

We saw where patients required referrals to another service these took place in a timely manner.

A repeat prescription service was available to patients, via the telephone, website, and a box at reception or requesting repeat prescriptions with staff at the reception desk. We saw patients accessing repeat prescriptions at reception without any difficulties.

The practice did not have an active patient participation group, despite attempts to develop one; however we were told that this was a priority for the practice in 2015.

Longer patient appointment times were available to patients who required extra time, for example, patients with mental health needs or learning disabilities. Early morning and late appointments were available to patients who worked.

Tackling inequity and promoting equality

The practice had taken steps to ensure equal access to patients, the website was accessible, and could be translated into different language if required. Action had been taken to remove barriers to accessing the services of the practice. The practice had taken into account the differing needs of people by planning and providing care and treatment service that was individualised and responsive to individual need and circumstances.

The practice had systems in place to ensure people experiencing poor mental health had received an annual physical health check.

The practice was situated on the first floor of a purpose built building and was accessible to patients with disabilities. A disabled toilet was available as were baby changing facilities. A hearing loop had been installed within the practice to support patients who were hard of hearing.

The practice provided equality and diversity training for staff.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

Access to the service

Information was available on the practice website that told patients about appointments, how to book appointments, including home visits and how to contact services out of hours. If patients called the practice when it was closed, an answerphone message gave information about out-of-hours services available. The practice was open from 8am to 6pm Monday to Friday. Patients could also access evening appointments up to 8pm at the 'Easy GP' extended working hours service and out of hours service was provided by Bardoc after 6pm.

Patients could access appointments by telephone, calling into the surgery and on line via the practice website. Patients were able to make appointments in advance. On the day emergency appointments were available by telephoning the practice. The practice provided home visits

Are services responsive to people's needs?

(for example, to feedback?)

for those patients who were too ill or frail to attend in person. GPs provided telephone consultations and extended appointments were made available for any patient who required additional time.

The practice carried out a patient experience survey in October 2014. Of the patients who responded, 38% said it was 'fairly easy' to get an appointment at the practice. In response to the findings the practice had introduced a number of measures to facilitate and improve patient access which included bookable in advance appointments including a small number of appointments held for 48 hours to allow online bookings. On the day emergency appointments accessed via all day telephone triage services and telephone consultations with a GP available morning and afternoon.

We looked at the results of the 2015 patient survey. This is an independent survey run on behalf of NHS England. The results showed that 76% of respondents usually waited 15 minutes or less after their appointment time to be seen in comparison with the local (CCG) average of 62%.

From the CQC comment cards completed and speaking with patients we were told appointments were usually on time with not too much waiting. GP appointments were provided in 10 minute slots the majority of patients told us that it was relatively easy to get an appointment. Patients told us they were satisfied with the appointment system. They told us care was good and that they usually got to see the same GP and they liked this.

Patients told us that the practice was very good at contacting them with blood and other test results. Patients were complimentary about the GPs who they said offered a 'personalised service.'

We received 21 CQC comment cards from patients. All cards provided positive feedback on the service patients had received. One respondent told us the care they received was good and that the GPs had time for them and their family.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled complaints in the practice. The practice manager was mindful to respond and deal with patient's complaints as they arose in an attempt to avoid complaints escalating.

Information about the complaints process was provided in the patient practice leaflet and on the website. Though we did not see any complaints information on display in the practice.

Patients we spoke with told us they knew how to make a complaint. They told us they felt comfortable about making a complaint and they were confident their complaint would be dealt with fairly. None of the patients we spoke with had ever needed to make a complaint about the practice.

We saw complaints were logged and investigated by the practice manager who consulted with GPs and or nursing staff where relevant. Investigations addressed the original issues raised and action was taken to rectify problems. We saw that the provider responded to complaints' in a timely manner and had taken action to resolve their complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The vision and practice values were part of the practice's statement of purpose. Staff we spoke with knew that the practice was committed to providing good quality primary care services for all patients, including the management of long term health conditions and supporting vulnerable patients.

Staff were clear about their roles and responsibilities and each strived to offer a friendly, caring good quality service that was accessible to all patients.

There was an established leadership structure with clear allocation of responsibilities amongst the GPs, practice manager and the practice staff.

All staff we spoke with demonstrated a commitment and enthusiasm and were engaged in providing a high quality service. The partner GPs shared their vision of providing holistic quality services to patients.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff. We looked at a selection of the policies that included mental capacity policy, a repeat prescribing policy, and infection control and saw these were up to date and reflected current guidance and legislation.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and one GP was the lead for children's safeguarding and the other was the lead for vulnerable adults. Staff we spoke with were clear about their roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We saw the practice made use of data provided from a range of sources including the Clinical Commissioning group (CCG), General Practice Outcome Standards (GPOS) and the national patient survey to monitor quality and outcomes for patients such as services for avoiding unplanned admissions.

The practice participated in the Quality and Outcomes Framework (QOF). This was used to monitor the quality of services in the practice. There were systems in place to record performance against QOF.

The GPs within the practice conducted clinical audits, in which outcomes were shared to monitor quality and share learning, for example, an audit of calcium and vitamin D therapy. The review aimed to identify and treat patients at risk of Calcium and Vitamin D3 deficiency in line with national guidelines and practice specification.

The practice held business governance meetings, as well as clinical meetings. We looked at minutes from these meetings and observed that complaints and significant events were not a standing item on the agenda and minutes of meetings were not always made.

Leadership, openness and transparency

There was a well-established clearly identified management structure with clear lines of responsibility. We spoke to staff with differing roles within the service and they were clear about the lines of accountability and leadership.

Staff felt well supported in their role. They felt confident in the senior team's ability to deal with any issues, including serious incidents and concerns regarding clinical practice. All the staff we spoke with told us they felt they were valued and their views about how to develop the service acted upon.

The practice had identified the importance of having an open culture and staff were encouraged to report and share information in order to improve the services provided. Staff we spoke with thought the culture within the practice was open and honest.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through an internal patient survey. In response to the findings the practice had introduced a number of measures to facilitate and improve patient access which included bookable in advance appointments including a small number of appointments held for 48 hours to allow online bookings. On the day emergency appointments accessed via all day telephone triage services and telephone consultations with a GP available morning and afternoon.

Are services well-led?

Good 

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

The practice gathered patient feedback through the NHS friends and family test but had not yet had the opportunity to review feedback provided. They also considered and responded to patient feedback through the use of compliments and complaints.

The lead GPs told us they valued the importance of obtaining and acting upon the views of patients and carers and recognised that this was an area that they needed to develop further.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at four staff files and saw that appraisals had not taken place for clinical and non-clinical staff for the last two years however a programme of appraisals for this year was in place. A policy and procedure for staff appraisals had been put in place and a number of staff appraisals had been scheduled. Staff told us that the practice was very supportive of training and development opportunities. Training included, infection control, safeguarding, information governance and equality and diversity.