

# Ashton GP Service

## Quality Report

Old Street,  
Ashton-Under-Lyne,  
Greater Manchester  
OL6 7SR

Tel: 0161 342 7050

Website: [www.gtdhealthcare.co.uk/practice/ashton-gp-led-health-centre](http://www.gtdhealthcare.co.uk/practice/ashton-gp-led-health-centre)

Date of inspection visit: 04/11/2015

Date of publication: 17/12/2015

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

### Detailed findings from this inspection

Our inspection team	9
Background to Ashton GP Service	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	21

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ashton GP Service on 4 November 2015. Overall the practice is rated as good.

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 well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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 GP and there was continuity of care, with urgent appointments available the same day.
- The practice provided a walk in access from 8:00am to 8:00pm for non-registered patients visiting, living in, or working in the area.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

### However there were areas of practice where the provider must make improvements:

The arrangements for managing medicines were not robust. The provider must ensure proper and safe management of medicines.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- 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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The arrangements for managing medicines were not robust.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were average for the locality.
- 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 people's needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with other local practices for the care and treatment they received.
- 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.
- We also saw that staff treated patients with kindness and respect and maintained confidentiality.

**Good**



# Summary of findings

## 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 to secure improvements to services where these were identified.
- Patients said they were able to make an appointment with a named GP and that there was in the main 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with COPD had self-management plans, access to medication at home for acute exacerbations and were directed to a structured education programme.
- The practice nurse working with the lead GP had a special interest in diabetes and where required was able to initiate insulin, meaning patients were able to receive treatment in the practice rather than another secondary care setting.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

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

Good



# Summary of findings

- The practice was able to provide contraceptive advice and provide contraception such as contraceptive implants.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open 8:00am to 8:00pm weekdays and 8:00am to 12:00pm Saturdays.
- for registered patients.
- The practice were open seven days a week including bank holidays from 8:00am to 8:00pm for walk in patients who were visiting, living in, or working in the area.
- Telephone consultations were available for those registered patients unable to attend the practice.
- The practice were proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability. Annual health checks for those with a learning disability were carried out enabling the practice to promote good health behaviour and identify early or potential health risks.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.
- The practice took the lead locally for registering and seeing violent and aggressive patients who had been removed from other practice lists.

## 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).

- 81% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 92% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice promoted self-referral to the local “Healthy Minds” service.
- It 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 people with mental health needs and dementia. The practice proactively contacted patients with poor memory to remind them of appointments by text or telephone.
- GPs were able to book a follow up appointment with patients to ensure continuity of care with the same GP.

Good



# Summary of findings

## What people who use the service say

What people who use the practice say

The national GP patient survey results published in July 2015 for registered patients showed the practice was in the main performing below local and national averages. There were 82 responses and a response rate of 19%.

- 65.6% find it easy to get through to this surgery by phone compared with a CCG average of 72.3% and a national average of 73%.
- 79% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 45% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 72% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 90% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 62% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 55% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 63% and a national average of 65%.
- 46% feel they don't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff. The 20 patients we spoke with were complimentary of the staff and of the care and treatment they received.



# Ashton GP Service

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor, practice nurse specialist advisor, practice manager specialist advisor and expert by experience. Experts by Experience are members of the public who have direct experience of using services.

## Background to Ashton GP Service

Ashton GP Service provides primary medical services in Ashton Under Lyne, from Monday to Friday 8:00am – 8:00pm and Saturday 8:00am – 12:00pm for registered patients and operate a seven days a week, walk in service 8:00am to 8:00pm. Appointments with a GP for registered patients were available between 08:00am - 6:00pm Monday to Friday and 8:00am – 12:00pm Saturdays.

Ashton GP Service is situated within the geographical area of Tameside and Glossop Clinical Commissioning Group (CCG).

The practice is part of Go to Doc (GTD) a not for profit organisation. The practice has an Alternative Primary Medical Services (APMS) contract. The APMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Ashton GP Service is responsible for providing care to 3000 registered patients alongside a walk in centre for non-registered patients visiting, living in, or working in the area. On average the practice see 800 walk in patients a week.

The practice consists of four GPs, two of whom are female, a practice nurse and health care assistants. The walk in service is nurse led with two advanced nurse practitioners and three nurse practitioners. The practice is supported by a practice manager, assistant manager, receptionists and administrators.

When the practice is closed patients are directed to the out of hour's 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.

## 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?

## Detailed findings

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)

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 4 November 2015. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with 20 patients and twelve members of staff, including the GPs, practice manager, assistant practice manager, advanced nurse practitioners, practice nurse, health care assistant, reception and administration staff.

We reviewed 31 Care Quality Commission comment cards where patients and members of the public had shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and clinical events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice computer system. The practice carried out an analysis of complaints on an annual basis to identify any patterns or trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. All significant events and incidents were written up and presented at practice meeting, following which action plans were implemented and then reviewed at subsequent meeting to ensure compliance.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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 GP for safeguarding children and adults. The lead GP attended where possible case conferences and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room and consulting rooms, advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role, and had received a disclosure and barring service check (DBS). (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).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. A health and safety inspection report had been produced for the practice in 2015 and appropriate actions were taken. A fire risk assessment had been carried out and all electrical equipment was checked to ensure it was safe to use. Clinical equipment was checked and calibrated 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. 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 were not robust. The system in place for storing and monitoring medicines was not sufficient. We checked stock in three refrigerators and found in one fridge four open bottles of Paracetamol 120mg/5ml oral solution for children. There were no records or protocols in place for the use of the medication. No checks on the date the medicines were opened or how long they should be stored before disposal, or if they had expired. We spoke with staff and were provided with conflicting information to the use of the medicines and found no clinical protocols in place for the administration and or management of stock to be in place. Within the same refrigerator we also found an open bottle of 100mg of Ibuprofen and out of date Naloxone Hydrochloride injection. We also checked the emergency drugs and vaccinations which required refrigeration and found these to be in date and checks were carried out to ensure they were in date.
- Regular medication audits were carried out with the support of the provider's pharmacist and local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.

## Are services safe?

- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 to meet patient's needs.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted

staff to any emergency. All staff received annual basic life support training and there were emergency medicines available. 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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF) for registered patients at the practice. (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97.5% of the total number of points available, with 12.1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were above local and national average in majority of clinical outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average.
- The performance for Chronic obstructive pulmonary disease (COPD) related indicators was above the CCG and national averages
- The dementia diagnosis rate was below the CCG and national average.

We found a small number of clinical audits were carried out with only two showing a completed audit cycle, demonstrating quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Audits were driven in response to a significant event or clinical need for example the practice carried out a childhood immunisation uptake audit following a

safeguarding concern. The two completed audits showed positive outcomes and changes in practice. Speaking with GPs within the practice they acknowledged the practice needs to undertake more complete audits in the future.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff including locum GPs that covered policies and procedures and clinical systems alongside topics such as safeguarding, fire safety, health and safety and confidentiality.
- 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 from the provider, one-to-one meetings, appraisals 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

# Are services effective?

## (for example, treatment is effective)

services, including when they were referred, or after they are discharged from hospital. The practice did not have formal multi-disciplinary team meetings, however they had regular contact with health and social care professionals where required and were in the process of setting up formal palliative care meetings to ensure the care of patients at the end of life was co-ordinated.

### 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.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### 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 condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Patients were signposted to the relevant service such as in house smoking cessation and encouraged, where required, to self refer to a local Healthy Minds service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice uptake for the cervical screening programme was 72% which was slightly below the CCG (77%) and the national average (76.7%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to registered patients were comparable to CCG averages. For example, NHS England figures showed in 2015, 96.6% of children at 24 months had received the measles, mumps and rubella (MMR) vaccination, comparable to the local CCG. Flu vaccination rates for the over 65s were 67% and at risk groups 59%. These were comparable to CCG and national averages. 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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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 when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 31 patient CQC comment cards we received and the 20 patients we spoke with were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments included good continuity of care, staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed registered patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice had lower satisfaction scores on consultations with doctors and nurses to national and CCG scores. Speaking with the practice they were aware of the lower scores which they believed were as a result of staff shortages and regular GPs being unavailable and hoped these results would be improved with a now stable staff team. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 76% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 75% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 71% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 79% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 available to them. Patient feedback and comment cards we received were also positive and aligned with these views.

Results from the national GP patient survey and speaking with patients on the day of our inspection we noted registered patients and walk in centre patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results from the GP patient survey were lower when compared to local and national averages. The practice were aware of the results and hoped with a stable staff team that these would improve in the future. For example:

- 66% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. There were clinical and non clinical staff within the team who were bi-lingual and were able to translate, an example included administration staff speaking with patients over the telephone in relation to test results.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission and poor mental health. Data showed the practice had personalised care plans in place for patients at risk of unplanned hospital admissions and we noted reviews of the care plans had taken place.



## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice computer system alerted GPs if a patient was also a carer. There were 20 patients registered as carers at

the practice. Written information was available for carers to ensure they understood the various avenues of support available to them and a dedicated display board was kept up to date in the waiting area.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals, this included neighbourhood teams.

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- The practice offered GP appointments from 08:00am to 8:00pm Monday to Friday for registered patients and a seven day walk in service for non-registered patients, visiting, living in, or working in the area. Registered patients were also able to access the walk in centre.
- There were longer appointments available for people with a learning disability or who required a translator.
- There were disabled facilities including a hearing loop and translation services were available.
- There were dedicated breast feeding and baby changing facilities.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available on the day for all patients including children and those with serious medical conditions; this was via a triage service in which all patients would be contacted by a GP and, where required, appointments on the same day would be offered.
- Routine appointments were up to 15 minutes with a GP and up to 30 minutes with a practice nurse depending on the consultation. A list of the different consultations times were available for reception staff so they could book an appropriate length of appointment with clinicians to meet patient's needs.
- The practice were able to initiate insulin, where required for patients with type 2 diabetes, enabling patients to receive the care and treatment at the surgery rather than being referred to secondary care services.
- Walk in patients were seen in order of clinical priority first, for example difficulties in breathing and the order

of arrival. We noted on the day staff making adjustment for distressed children and children with conditions such as Autism to minimise the distress caused and length of wait.

- The practice had achieved Gold in the NHS 'Pride in Practice' award from the Lesbian, Gay and Transgender foundation.
- The practice took the lead locally for registering and seeing violent and aggressive patients who had been removed from other practice lists.

### Access to the service

Ashton GP Service provides primary medical services in Ashton Under Lyne, from Monday to Friday 8:00am – 8:00pm and Saturday 8:00am – 12:00pm for registered patients and operate a seven days a week, walk in service 8:00am to 8:00pm for all patients. Appointments with a GP for registered patients were available between 08:00am - 6:00pm Monday to Friday and 8:00am – 12:00pm Saturdays.

Results from the national GP patient survey showed that registered patient satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 66% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 62% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 55% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

Data for walk in centre patients showed that in September 2015, 57.3% of patients were seen in under 30 minutes and 85.8% were seen in under one hour. This data was comparable to other months for example in May 2015 68.7% of patients were seen in under 30 minutes and in October 2015 81.1% were seen in under one hour.

# Are services responsive to people's needs?

(for example, to feedback?)

## 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. 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. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written and verbal complaints. We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice carried out an annual review of complaints to identify any patterns or trends and these were shared during team meetings.

# 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 practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

### Governance arrangements

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

- The practice is part of Go to Doc (GTD) a not for profit organisation and benefited from support from GTD for example access to human resources and clinical leadership for guidance and support.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was in place with non clinical audits in place.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The leadership team from GTD and the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The lead GP and practice manager were visible in the practice, staff told us in the main that the management team were approachable and always take the time to listen to all members of staff. However concerns were raised about the lack of communication and leadership within the walk in centre, the management were aware of concerns and were in the process of appointing a lead nurse to provide day to day support and guidance to the walk in centre staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The organisation 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 gives affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and majority of staff felt supported by management.

- Staff told us that the practice held regular team meetings, however these were not always a time suitable for walk in centre staff to be in a position to attend. We were told meetings were focused on registered patients and staff would benefit from meetings which focused on the walk in centre.
- 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 confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. Staff were encouraged to become involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example as a not for profit organisation, GTD asked staff to put forward ideas to improve outcomes for patients and funding was awarded by the board and staff representatives. Locally Ashton GP service and other GTD locations in the Ashton area put forward and were successful in receiving additional funding to offer patients an in house warfarin clinic, testing their INR and dosing the medication.

### 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 surveys and complaints received. There was currently no active

# Are services well-led?

Good 

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

Patient Participation Group; however the practice continued to look at ways in which to involve and engage patients. In 2013 they carried out a patient satisfaction surveys. The outcomes were discussed at practice meetings and improvements suggested were implemented.

- The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## 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 was involved in schemes to improve outcomes for patients in the area. For example the Pride in Practice award.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation: 12.—</b></p> <p><b>1.Care and treatment must be provided in a safe way for service users.</b></p> <p><b>2.Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</b></p> <p><b>f. where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;</b></p> <p><b>g. the proper and safe management of medicines;</b></p> <p><b>How the regulation was not being met:</b> The arrangements for storage, monitoring and administration of medicines was not robust.</p>