

Walkden Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Outstanding	
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 inspected Walkden Medical Centre on the 15 October 2014 as part of our new comprehensive inspection programme. This was the practice's first inspection by CQC under its new methodology. The practice was inspected under our previous methodology in September 2013 and was found to be fully compliant.

Our inspection team was led by a CQC Inspector and included a GP specialist advisor, a practice manager specialist advisor and a second CQC Inspector. We have rated the practice as good.

Comments we received from patients were positive about the care and treatment they had received. Patients told us they are treated with dignity and respect and involved in making decisions about their treatment options.

Our key findings were as follows:

- The practice was, safe, effective, caring, responsive and well led.

Patients told us they were treated with dignity and respect and they were involved in care and treatment decisions.

- Staff understand their responsibilities to raise concerns, and report incidents.
- The practice is clean and well maintained.
- There are a range of qualified staff to meet patients' needs and keep them safe.
- Data showed us patient outcomes were at or above average for the locality. People's needs are assessed and care is planned and delivered in line with current legislation.
- The practice works with other health and social care providers to achieve the best outcomes for patients
- The provider should ensure that all staff receive supervision and an annual appraisal..
- The provider should develop ways of gathering patient feedback on their performance.

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 safe. The practice had a good track record for maintaining patient safety. Systems were in place to provide oversight of safety of patients. Learning from incidents took place. Staff took action to safeguard patients.

Good



Are services effective?

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance is referenced and used routinely. People's needs are assessed and care is planned and delivered in line with current legislation including the promotion of good health. Patients needs were consistently met. Staff have received training and support appropriate to their roles. Effective multidisciplinary working was evidenced across the whole practice. There were strong working arrangements with community services that provided a range of targeted and personalised services for patients.

Outstanding



Are services caring?

The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect at all times.

Good



Are services responsive to people's needs?

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the CCG to secure service improvements. Patients reported good access to the practice and a named doctor and continuity of care, with urgent appointments usually 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 to issues raised.

Good



Are services well-led?

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver this. Staff were clear about the vision, their responsibilities in relation to this and felt supported by management. The practice had a number of policies and procures to govern activity and governance meeting took place. There were systems in place to monitor and improve quality and identify risk.

Good



Summary of findings

The practice proactively sought feedback from staff and patients and this had been acted upon. The practice was trying to develop their patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

What people who use the service say

We received 14 CQC patient comment cards and spoke with six patients who were using the service on the day of our inspection.

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

Patients told us they did not have to wait a long time to get an appointment. Some patients expressed frustration when telephoning the surgery in the morning to make an appointment.

Patients told us they knew who their GP was and they liked to see their 'own' GP and the practice supported them to do this.

Patients we spoke with told us they were fully 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 staff were always pleasant and helpful.

Patients told us that that waiting areas and treatment rooms were clean and maintained.

We looked at feedback from the GP national survey for 2013/2014. Feedback included; 82% of respondents would recommend this surgery to someone new to the area, compared with the CCG regional average of 79%.

We saw that 66% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments, compared with the CCG regional average of 79%.

Areas for improvement

Action the service SHOULD take to improve

- The provider should develop staff supervision and appraisal arrangements to ensure that all staff receive this support.
- The provider should consider developing ways of gathering patient feedback on their performance.

Outstanding practice

The practice was proactive in its attempts to 'bring care close to patients'. A range of professionals provided regular community health services at the practice, which enabled and contributed to the on going 'wellness' of patients. The practice was used by weight management therapists, smoking cessation professionals and a Cognitive Behavioural Therapist (CBT).

One outstanding feature of this practice was how well it used education and learning as key drivers to achieving high quality outcomes for patients. The commitment shown through many examples of double loop completed audits, showed how the practice was learning through experience and using reflection to turn this into service adaptations and improvements for patients. .

Walkden Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector**. The team included a GP specialist advisor, a practice manager specialist advisor and a second CQC inspector.

Background to Walkden Medical Practice

Walkden Medical Centre is located on a busy main road in the Walkden area of Salford. The practice team comprises five GP partners, two male and three female partners. A practice manager, two practice nurses, a health care support worker and five reception staff.

The practice provides diagnostic procedures including phlebotomy and cervical smears. The surgery has five consultation rooms, two treatment rooms and a patient reception and waiting area. All consultation rooms and treatment room are located on the ground floor. Access to the building is suitable for people who use a wheelchair and there is a disabled toilet which also provides baby changing facilities.

The practice provides primary medical services to registered patients and patients who might reside in the area for a short period of time. The practice is open Monday to Friday between the hours of 8:30am and 6:00pm. Home visits are available for people who are not well enough or physically able to attend the practice in person. Patients can make appointments by telephoning, on line booking or by calling in at the surgery.

The surgery is responsible for providing care to approximately 8500 patients.

The practice has a GMS contract.

This was the practice's first inspection by CQC under its new methodology. The practice was inspected under our previous methodology in September 2013 and was found to be fully compliant.

Out of hours services are provided through the NHS 111 service.

The practice is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

Why we carried out this inspection

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

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 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 15 October 2014. During our visit we spoke with a range of staff, GPs, practice manager, practice nurse and reception staff and spoke with patients who used the service. We reviewed treatment records of patients. We reviewed CQC comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe Track Record

We found that the practice had systems in place that ensured the delivery of safe patient care. These included the review of incidents, health and safety concerns and complaints.

The practice held weekly clinical meetings and weekly practice meetings. These meetings provided an opportunity for discussion of significant events, developments in safeguarding and complaints.

We saw evidence that the practice responded to NHS patient safety alerts, for example, medication alerts.

Monthly 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.

The practice worked closely with Salford CCG. They received regular updates through the CCG newsletter.

The practice received regular safety information from organisations such as National Institute for Health and Care Excellence (NICE) and was taken action in response to safety alerts.

There were strategies in place to reduce unscheduled outpatient attendance that included making contact with patients to identify possible risk factors and actions to change patient behaviour and analyse trends.

Learning and improvement from safety incidents

The Practice had a system in place for reporting, recording and monitoring significant events, for example a significant event may be a 'needle stick injury'. A review of a significant event includes an analysis of what factors led to the event, how the event was handled, how it could have been handled differently, what action needed to be taken as a result of the event, including lessons learnt and systems to review the progress of the response to the event to the point of closure.

It was a positive feature that the practice had accepted the value of a significant events analysis (SEA) as a learning tool. There were many SEAs on file and processes ensured that SEAs were carried through until a satisfactory outcome was concluded and actioned.

From the review of complaints investigation information, we saw that the practice manager and GP partners ensured complainants were given full feedback in response to their concerns.

Reliable safety systems and processes including safeguarding

The practice followed Salford Council Safeguarding policy and protocol. One of the partner GPs was the lead for safeguarding at the practice and staff we spoke with knew they could approach the lead GP and or any other GP at the practice if they had concerns about a patient. The lead for safeguarding was knowledgeable about the contribution the practice made to multi-disciplinary child protection work and attended partnership meetings with the local CCG. Safeguarding concerns were shared electronically with NHS and local authority partners and this ensured a timely response to concerns identified.

Within the patient record system there was an alert system which alerted GPs, nursing staff and reception staff to any on going child protection issues. When safeguarding concerns were raised staff ensured these alerts were put onto the patient's electronic record. Systems were in place to monitor children or vulnerable adult's attendance at Accident and Emergency or missed appointments.

Information advising staff how to raise a safeguarding concern was available. This included contact numbers of local safeguarding and adult safeguarding contacts.

GPs, nursing staff, reception staff and the practice manager had a clear understanding of good safeguarding practice, their duty of care, and their responsibility to keep children and adults safe. We asked staff what action they would take in response to safeguarding concerns. We found that staff were able to tell us what action they would take in response to concerns and how they ensured patient safety.

We saw that all staff at the practice had completed training in safeguarding children and adult protection at level 2 and GPs were training to level 3.

The practice had a chaperone policy displayed in the patient waiting area and we were told that nursing staff and reception staff acted as a chaperone when requested. All staff we spoke with had completed chaperone training. Patients we spoke with were aware of this service but none had direct experience of it.

Medicines Management

Are services safe?

One of the partner GPs was the lead for prescribing.

We saw that there were up to date medicines management policies in place.

The practice stored vaccinations in three refrigerators. Systems were in place that ensured that vaccines were stored correctly. These included daily checks of temperatures of refrigeration. Checks of vaccine ensured that the stock was in date. Stock count and rotation of stock took place on vaccines and other medicines. Records of checks were maintained.

We saw that emergency drugs were safely stored and monthly stock audits were undertaken and records maintained.

The practice worked with pharmacy support from the Clinical Commissioning Group (CCG) who visited the practice weekly. Clinical staff worked closely with the CCG in keeping up to date with medication and prescribing trends and to consider 'switches,' of medication. For example, a review of patients taking Diclofenac was occurring, and this medicine was being replaced by safer non-steroidal anti-inflammatory NSAID medicines.

We were told that drugs were not kept in GPs bags and GPs were responsible for the contents of their bags. GPs did not carry medicines with them routinely on home visits.

The practice did not store any controlled drugs.

GPs re-authorized medicines for patients on an annual basis or more frequently if necessary. Patients who received repeat prescriptions were alerted to book in for a medicine review. All repeat prescriptions were reviewed on a regular basis and only undertaken by clinicians. Patients confirmed they had attended the practice for medicine reviews with a GP.

Patients were asked to confirm their address and date of birth when collecting prescriptions. Systems were in place around the safe handling of prescriptions.

The practice maintained one anaphylaxis shock box and all emergency medication was in place.

Cleanliness & Infection Control

Patients we spoke with told us the practice was 'always clean and tidy'. We saw that the practice was clean throughout and appropriately maintained.

We saw that all areas of the practice were very clean and processes were in place to manage the risk of infection. The practice employed a cleaner, we saw copies of their cleaning schedule that recorded tasks completed. These ensured the overall cleanliness of the building.

We saw fabric privacy curtains were the preferred option to use at the practice. Surgeries have the option to use disposable paper curtains. We saw that fabric privacy curtains were cleaned every six months but this was not recorded on cleaning schedules. The provider took action on the day of our inspection to ensure that cleaning schedules in future would include details of when curtains had been cleaned and when fabric seating in the surgery waiting area and in treatment rooms including GP consultation rooms had also been cleaned.

The practice had procedures in place for the safe storage and disposal of sharps and clinical waste. We saw sharps boxes in clinical areas and all clinical waste bins were foot operated.

We looked at staff training records and saw that all staff at the practice both clinical and non-clinical had completed training in infection control.

We spoke with the nurse who had the lead role for infection control and found her to be knowledgeable. We found the practice had a comprehensive system in place for managing and reducing the potential for infection.

There was an up-to-date Infection Control Policy in place. We saw updated protocols for the safe storage and handling of specimens and for the safe storage of vaccines.

Legionella testing was had not been routinely carried out. We discussed this with the practice manager who took immediate action and made arrangements for a legionella technician to visit the practice.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were for single use only.

Equipment

The practice had a plan in place to ensure that all equipment used in the premises was maintained.

We found that arrangements were in place which ensured the safety and suitability of the building, for example tests of electrical installation, including portable appliance testing (PAT) of electrical equipment.

Are services safe?

The practice manager had contracts in place for annual checks of fire extinguishers and portable appliance testing.

Fire safety checks were in place and the practice was in the process of arranging a full fire drill to take place within the next month. All staff had received training in fire safety and there was information in the reception and patient waiting area to advise patients what action to take in the event of a fire.

A defibrillator and oxygen were available for use in a medical emergency. These were stored in the treatment room and were in easy reach in the event of a medical emergency. Records of tests of the equipment were in place.

We were told that panic buttons were located in clinical and treatment rooms for staff to call for assistance. However we did not observe these on the day of our inspection. The computer system had an 'alert' facility which enabled staff to contact other staff within the surgery if member of staff needed help or assistance.

Staffing & Recruitment

The practice operated a recruitment and selection process which ensured that only suitable applicants were employed. The majority of staff had been employed at the practice for over three years. Whilst the practice ensured that a number of pre-employment checks, for example, Disclosure and Barring checks known as DBS checks and verbal references were taken up, other checks currently required, for example, health declarations of employees once their employment had been confirmed, were not taken up. Pre-employment checks were discussed with one of the partners and with the practice manager, who agreed that verbal references would be taken up in future as this would confirm the authenticity of the author of the reference thus ensuring continued patient safety.

The practice had a service level agreement for the provision of locum GPs. The practice used the same locum GPs and this provided consistency to patients. Revalidation checks of locum GPs were made by the practice.

We saw that as a routine part of the quality assurance and clinical governance processes the provider checked the General Medical Council (GMC) and Nursing Midwifery Council (NMC) registration lists each year to make sure the doctors and nurses were still deemed fit to practice.

Safe staffing levels were maintained. Five GPs provided a service to patients. There were five receptionists, two nurse practitioners and one health care support worker. Collectively the staff team were more than able to meet the needs of the patient population who were registered at the practice.

Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness and this ensured adequate staffing levels were operated.

Monitoring Safety & Responding to Risk

The practice had five GP clinicians. The number of patient sessions available to patients was above average 'doctor-patient ratio'.

The staffing group at the practice was made up of GPs, nursing staff, reception and administrative staff.

Staff were trained in fire safety and training in cardio pulmonary resuscitation (CPR) and infection control. Staff knew where emergency equipment was stored and how to access this quickly in the event of an emergency.

Within the patient record system there was a facility which alerted staff to patients who were at risk or who presented a 'potential risk' to staff, for example concerns in respect of 'over ordering medication' or violence to staff and children and young people who were known to local child protection teams. This enabled staff to monitor both patient and staff safety.

Arrangements to deal with emergencies and major incidents

The practice had an up-to-date fire risk assessment. We found that tests to fire alarms systems and other fire safety equipment were done on a regular basis. A full fire drill needed to be implemented All staff had completed fire safety training.

A detailed business continuity plan was in place. The plan covered business continuity, staffing, records/electronic systems, clinical and environmental events.

Staff had completed training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR) and other emergencies.

Are services safe?

The Practice has a system in place for reporting, recording and monitoring significant events. There were procedures in place to assess, manage and monitor risks to patient and staff safety.

Measures were in place that ensured adequate staffing levels were maintained, through periods of annual leave, and unexpected absences through staff sickness.

The practice manager and lead GP oversaw the rota for clinicians and we saw they ensured that sufficient staff were on duty to deal with expected demand including home visits and daily patient demand for appointments including emergencies.

Patients we spoke with were unaware of how to contact the out of hours GP service. We fed this back to one of the GP partners and the practice manager who agreed that greater awareness of out of hours services needed to be promoted and patients made aware.



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 and nursing staff were familiar with the needs of each patient and the impact of local socio-economic factors on patient care.

A range of health promotion advice and information related to various conditions including advice on self-management were on display in the practice. Clinicians proactively case managed and completed long-term monitoring of these patients' needs.

The practice held clinical meetings where all patients on the palliative care register were discussed. Clinicians we spoke with were familiar with, and were following current best practice guidance. The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. We saw that the practice aimed to ensure each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed assessments and treatment plans, in line with National Institute for Health and Care Excellence NICE guidelines. Thorough assessments of patients' needs had been completed and these were reviewed when appropriate.

The practice nurse told us they managed all aspects of patients care and treatment. A range of clinics were provided, for example, asthma clinics, diabetes clinics and chronic obstructive pulmonary disease (COPD) reviews. The practice had a learning disability register and these patients were called for annual health checks.

The practice was also making strong efforts to reduce the frequency of any unscheduled hospital admissions of cancer patients to hospital and working to reduce the number of patient visits to A&E departments.

Patients with caring responsibilities told us they received good support from GPs and support remained on going at an appropriate level to patients recently bereaved. The practice provided information to patients about the Salford Carers Centre and actively promoted the role of the Salford Carers Centre and the benefits it provided to patients and carers alike.

The practice was part of a 'virtual GP practice' that provided GP cover to care homes and nursing homes within Salford.

Management, monitoring and improving outcomes for people

The Practice has a system in place for completing clinical audit cycles. We saw several examples of clinical audits including examples of audits completed over two cycles. For example, clinical audits included a review of progesterone implants in patients. The clinical review evidenced an improvement in patient care with dates for removal of implants identified, a recall system developed, reduced premature removal of implants and better pre-implantation counselling being provided. Other audits included prescribed hypnotic medication, patients on repeat prescriptions and the use of antibiotics. The provider worked closely with the local CCG on clinical audits.

One outstanding feature of this practice was how well it used education and learning as key drivers to achieving high quality outcomes for patients. The commitment shown through many examples of double loop completed audits, showed how the practice was learning through experience and using reflection to turn this into service adaptations and improvements for patients. In short learning led to action. Education and learning was fully integrated into practice development.

We noted the practice were proactive in contacting patients who had missed annual reviews, to ensure they attended appointments, this included letters being sent to the patient or contacting them by telephone in an attempt to ensure they engaged with any reviews of their treatment and or medication. Patients we spoke with confirmed this arrangement. One patient who attended for a review of their repeat medication told us that further medical issues had been identified during the consultation and the GP concerned arranged for tests to be undertaken, including, blood tests. They told us GPs were attentive and they believed they were, "well cared for."

A patient recall system was in place for patients with chronic health conditions which provided on going monitoring of patients conditions. This included patients receiving treatment for asthma and COPD.

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



Are services effective?

(for example, treatment is effective)

The practice used the information they collected for the QOF and their performance against national screening programmes to monitor outcomes for patients. QOF was used to monitor the quality of services provided.

Effective staffing

Staff had access to training, the majority of which was completed through e-learning.

The practice manager kept a record of all training carried out by clinical and non clinical staff to ensure staff had the right skills to carry out their work.

From our discussions with staff and reviewing training records we saw all staff were appropriately qualified and competent to carry out their roles safely and effectively.

Staff told us they were able to access training and received updates when required. We saw staff had completed mandatory training in safeguarding children and adults, information governance, infection control and health and safety. Staff had completed training in the Mental Capacity Act 2005 and chaperone training.

Staff had access to additional training related to their role and some reception staff had completed training in conflict resolution and customer care. We found that collectively staff had the knowledge and skills required to carry out their roles. All GPs took part in yearly appraisal. All of the GPs in the practice comply with the appraisal process.

Working with colleagues and other services

Multidisciplinary health care meetings took place at the practice and involved other health and social care professionals, for example the practice had recently started to hold regular meetings between the safeguarding lead and health visitors.

The 'work flow' system that operated within the practice ensured that patients received safe care and treatment, for example, results of blood tests and discharge letters were scanned onto patient records. The practice used an electronic document management system which assisted with the management of clinical correspondence in and around the practice, including letters being received electronically from hospitals and put directly onto patient's records.

The practice worked with other agencies and professionals to support continuity of care for patients. Patients used the NHS111 facility to access out of hours care. Patients we

spoke with didn't know how to contact out of hours services though none had direct experience of having done so. The providers agreed to promote this and make patients aware of how to contact out of hours services.

The practice kept registers for patients with long term conditions such as asthma and chronic heart disease which were used to arrange annual health reviews. They also provided annual reviews to check the health of patients with learning disabilities and patients on long term medication for example for mental health conditions.

The practice was proactive in its attempts to 'bring care close to patients,' which was part of the vision and values of the practice. A range of professionals provided regular community health services at the practice, which enabled and contributed to the on going 'wellness' of patients. The practice was used by weight management therapists, smoking cessation professionals and a Cognitive Behavioural Therapist (CBT) who was employed by a local trust to provide therapy within the practice. CBT was provided at the practice three days per week and all referrals came from the GPs.

Information Sharing

Information received from other agencies, for example accident and emergency or hospital outpatient departments were 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.

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

Professionals who linked in with the practice reported a 'positive working relationship with all staff.

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.



Are services effective?

(for example, treatment is effective)

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.

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.

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 & Prevention

All new patients are offered an initial health check with the practice nurse when a new patient assessment was completed; this included a review of the patient's lifestyle including family medical history and a review of their smoking and alcohol activity.

A number of 'health promotion' clinics were provided at the practice and these included, smoking cessation and a number of chronic diseases clinics including Chronic Obstructive Pulmonary Disease (COPD) and diabetes clinics.

We saw a range of written information available for patients in the waiting area, on health related issues, local services and health promotion and carer's information.

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. They provided information to patients via their website and in leaflets in the waiting area about the services available.

The practice also provided patients with information about other health and social care services such as carers' support. We saw a range of information posters and leaflets in the practice and on the practice website. Staff we spoke with were knowledgeable about other services and how to access them.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We observed staff speaking with patients respectfully throughout the time we spent at the practice. We observed reception staff speaking to patients in a respectful way and we heard staff during telephone discussions also speaking in a courteous manner.

A number of patients reported that they could over hear reception staff speaking on the telephone to patients when booking an appointment. Facilities were available within the surgery and upon request for patients who wanted to speak in private. It was the practice that calls would be transferred to the back office if more personal patient information was required.

A large proportion of the patient comment cards we received indicated that patients had been treated with dignity and respect by all staff employed at the practice.

We looked at a sample of 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 service had a patient charter which was displayed in the reception area.

Staff we spoke with were aware of the importance of providing patients with privacy. They told us there was a room available if patients wished to discuss something with them away from the reception area.

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. Patients told us that they felt the staff and doctors effectively maintained their privacy and dignity.

We looked at 14 CQC comment cards that patients had completed as part of the inspection and spoke with six patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity. 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.

The practice had reviewed the results from the NHS England Patient Survey for 2014. It found that 66% of patients with a preferred GP usually got to see that GP. The national average was 61%.

The survey showed that 82% of patients would recommend the surgery to someone new, compared with the national average of 79%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they had been consulted about their care and treatment. They told us that GPs and other staff had explained their treatment to them, including diagnosis and if further tests or referrals to secondary care were required.

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

The surgery provided access to interpreter services for those patients for whose first language was not English and this ensured patients fully understood proposed treatment plans.

Patients told us they were happy to see any GP and the nurses as they felt all were competent and knowledgeable. Some patients told us they liked to see the female GP and other's said it was good to have the choice.

Patients told us they usually got to see the GP of their choice when they made an appointment.

Staff were knowledgeable about how to ensure patients were involved in making decisions. Staff told us they understood and considered the requirements of the Mental Capacity Act 2005 where issues around capacity.

The practice had an 'access to records' consent policy that informed patients how their information was used, who may have access to that information, and their own rights to see and obtain copies of their records

Patient/carer support to cope emotionally with care and treatment

A patient's charter was displayed in the patient waiting area along with information about patients' rights, responsibilities and how their personal health information was stored and accessed.

Patients had access to both female and male GPs.

Are services caring?

There was a considerable amount of information about the Salford Carers group displayed in the surgery. This was a local initiative across Salford and GPs and nurses signposted patients to the group.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw evidence of service planning and the provision of appropriate service for different groups of patients. The GP partners had a good understanding of their patient population responded to patient need. There was good evidence of continuous review services by partner GPs to ensure services met patients' needs and preferences.

The practice offered a range of specific clinics through the GP and nurse appointment system, including diabetes reviews and COPD reviews. Patients told us that their health needs were met whilst attending GP consultations and or Nurse consultations.

There was evidence that the practice undertook more frequent chronic disease reviews and analysing the current QOF statistics the practice had totals all in excess of the national average across a wide variety of chronic disease management indicators including Asthma and smoking cessation.

The practice opened between the core hours of 8:30am to 6:00pm, Monday to Friday.

The surgery operated an electronic prescribing service. This enabled prescribers to send prescriptions electronically to a local pharmacy of a patient's choice.

Tackling inequity and promoting equality

The practice was proactive in contacting patients who failed to attend vaccination and screening programmes. Patients' electronic records contained alerts for staff regarding, for example patients requiring additional assistance in order to ensure the length of the appointment was appropriate.

The practice provided home visits 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 whom was identified required additional time.

We saw that the building was suitable for people who used a wheelchair. Disabled toilet facilities were shared with baby changing facilities. The entrance to the practice had level floor access and was suitable for wheelchair users,

with push button automatic doors. The reception desk was at a high level that was not suitable for patients in wheelchairs however the building was old and difficult to change.

There were comfortable waiting areas for patients attending an appointment and limited car parking was available nearby.

Access to the service

The majority of patients reported positively about accessing appointments. Though some patients expressed frustrations at trying to make an appointment by telephone.

We found that patients could access appointments by telephone, calling into the surgery and on line via the practice website.

Patients told us that they could usually get an urgent appointment on the day they contacted the surgery or within a short time frame for a routine appointment.

We found that the practice supported patient choice and access to appointments as much as it was practical to do so. We found that patients could choose which GP they saw, whether they saw a female or a male GP.

Receptionists and patients told us the service was particularly good at trying to find appointments when it wasn't an emergency. It was the practice for receptionists to call back patients whom they had been unable to accommodate with an appointment should there be any cancelled appointments for the afternoon surgery.

Listening and learning from concerns & complains

The surgery had a complaints policy and procedure. We saw a copy of the surgery's complaints policy and procedure which explained how the service responded to complaints and compliments from patients and their representatives or friends. The practice manager was mindful to respond and deal with patient's complaints as they arose in an attempt to avoid complaints escalating. Whilst information about how to make a complaint was displayed in the patient waiting area we didn't see a patient comments box for patients to provide feedback comments, compliments or complaints. .

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

We saw that all complaints were logged and investigated by the practice manager who consulted with GPs and or nursing staff where relevant. We saw that the provider responded to complaints' in a timely manner and had taken action to resolve complaints.

We saw where patients had left comments on the NHS direct website about their experience of care with the surgery the practice had responded.

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 around patient care. Staff we spoke with knew that the surgery was committed to providing good quality primary care services for all patients, including the management of long term health conditions.

We saw evidence that demonstrated the practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people. GPs attended prescribing, medicines management and safeguarding meetings and shared information within the practice.

There were plans in place to facilitate the on going development of the practice.

Governance Arrangements

The practice had systems to identify, assess and manage risks related to the service including health and safety issues. Systems were in place to record incidents, accidents and significant events and to identify risks to patient and staff safety.

These included weekly clinical meeting which were attended by partner GPs. Nurses held clinical discussions and weekly practice meetings also took place.

Monthly safeguarding meetings took place with health visitors.

Learning from significant events took place and SEAs were discussed at clinical meetings and practice meetings where appropriate.

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

The practice manager attended the Salford practice manager's forum on a monthly basis. This provided her with the opportunity to review how the service was performing in comparison to other GP practices across the Salford area.

Leadership, openness and transparency

We observed that leadership was clearly visible across the practice and with well-established lines of accountability and responsibility.

The staff group was stable with relative small amount of turnover. Staff told us they enjoyed their work and had been supported since their appointment. Other staff told us they felt supported and there was good team work across the practice.

We saw evidence that demonstrated the practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people. GPs attended prescribing, medicines management and safeguarding meetings and shared information within the practice.

Information sharing arrangements were good and each member of staff's contribution was valued. Staff told us they would feel comfortable speaking with the registered provider or the practice manager should they have any concerns.

Practice seeks and acts on feedback from users, public and staff

The practice had not held a patient participation group meeting since 2012. We were told that there had been a lack of continued interest from patients in continuing with the group and the demands of responding to patient health needs had meant that the PPG had not been prioritised. However the provider told us they recognised the importance of the views of patients and they were committed to improving the services they provided to patients. They told us that there were plans to re-start this PPG again and this would be a priority.

We saw that the last 'in-house' patient survey took place in 2012. The provider had reviewed and analysed information from the NHS England Patient Survey 2014. The provider should consider developing ways of gathering patient feedback on their performance as part of their quality review to see what action could be taken to improve the performance of the practice and improve the service for patients.

The practice did not produce a newsletter and one of the partners told us this was something they would consider for the future.

Are services well-led?

Good 

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

The provider took complaints very seriously and systems were in place to monitor complaints and how they were responded to. We observed that the practice responded to comments left on the NHS choices website.

Management lead through learning & improvement

The provider had systems in place to review incidents referred to as 'significant events analysis' (SEA).

Quality assurance arrangements at the service ensured that performance was reviewed regularly.

These included periodical reviews of clinical performance data provided by the local clinical commissioning group.

Other audits included a monthly drug stock take, a review of NHS health checks and of the corresponding patient groups who had attended.

NHS patient safety alerts, for example, medicine alerts, were shared with staff.

We looked at the training records for both clinical and non-clinical staff. The records showed that staff were provided with a range of training which included: infection control, health and safety training, and information governance.

Annual appraisal and supervision arrangements could be improved. We found informal supervision arrangements were in place and staff told us that GPs and the practice manager were supportive and approachable. Clinical and non clinical staff told us that the practice operated an 'open door' policy. Senior staff within the practice were confident that staff would approach them if they had any concerns or wanted to discuss training and career developments. Whilst informal supervision arrangements were firmly embedded within the practice, formal arrangements were less so. Despite this we did not find any evidence that this was having a negative impact on staff or patient care. However we discussed this with one of the partner GPs and the practice manager who told us they recognised the importance of formalising supervision and appraisal arrangements for staff development and that this would be developed.

The practice used information they collected for the Quality and Outcomes framework (QOF) and national programmes such as vaccination and screening to monitor patient quality outcomes. GPs told us they worked with the medicines manager and pharmacist from the CCG in identifying which clinical audits to carry out.