CH Medical

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at CH Medical on 15 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they 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 had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- The practice employed a practice nurse with specialist responsibility for older patients. They had supported them to gain a master's degree in gerontology. The nurse carried out annual health

Summary of findings

checks for the over 70s and the continuity of care, therefore identifying changes to health at an early stage. They looked holistically at physical, psychological and social health and had the relevant links in the community to refer patients to other services.They also took the lead on dementia and had excellent links to the memory clinic.

- Most of the patients at a nearby 146 bedded nursing home were registered with the practice. A dedicated GP visited the home for a morning one day each week to provide continuity of care and be available if relatives wanted to speak with them.

The area where the provider should make improvement is:

- Although we saw an example of a two cycle audit the provider should put a system in place so that audits requiring a second cycle are identified and improvements made are monitored.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement but a system to re-audit would improve this process further.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice employed a practice nurse with specialist responsibilities to provide care and treatment for older patients.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

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

Are services well-led?

Good

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

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

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. There was a virtual patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

- The practice had a practice nurse with specialist responsibilities who was the main contact for older patients.
- This nurse carried out annual health checks, either at the practice or in patients' own homes, for patients over the age of 70. Due to the continuity of care the practice nurse was able to identify changes in the health of patients and assess when additional help was required. They looked holistically at physical, psychological and social health and had the relevant links in the community to refer patients to other services.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had 90% of people living in a 146 bedded nursing home registered with them, A dedicated GP attended the nursing home for one morning each week so patients had continuity of care and relatives could see them if required.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to local and national averages 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone appointments were available and the practice operated a triage system for patients requiring emergency medical advice. If needed they were then given an appointment at a convenient time.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 323 survey forms were distributed and 105 were returned. This represented 1.34% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 73%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 45 comment cards which all contained positive comments about the standard of care received. Patients stated they could always get an appointment when they needed one, and they received a telephone call from a GP when they requested an on the day appointment. Patients commented that staff were friendly and polite, and they felt listened to. Positive comments were also received about the prescription service.

We spoke with 15 patients during the inspection. Thirteen of these patients had only positive things to say about the practice, including that appointments were available when needed, they could have a telephone consultation to avoid attending the practice, and the prescription service was very good. One patient commented that it had taken over two weeks to access an appointment with their preferred GP, and another was unhappy that they had been given a telephone consultation but then went to the walk in centre because they did not think the advice given was correct.

Areas for improvement

Action the service SHOULD take to improve

- Although we saw an example of a two cycle audit the provider should put a system in place so that audits requiring a second cycle are identified and improvements made are monitored.

Outstanding practice

- The practice employed a practice nurse with specialist responsibility for older patients. They had supported them to gain a master's degree in gerontology. The nurse carried out annual health checks for the over 70s and the continuity of care, therefore identifying changes to health at an early stage. They looked holistically at physical, psychological and social health and had the relevant links in the community to refer patients to other services.They also took the lead on dementia and had excellent links to the memory clinic.
- Most of the patients at a nearby 146 bedded nursing home were registered with thepractice. A dedicated GP visited the home for a morning one day each week to provide continuity of care and be available if relatives wanted to speak with them.

CH Medical

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team also included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to CH Medical

CH Medical is located in purpose built premises in the Chadderton area of Oldham. This is a two storey building with patient access on the ground floor only. It is fully accessible for patients with mobility issues. There is a large car park. There is a dental practice, pharmacy and chiropractor in the same premises.

At the time of our inspection there were 7838 patients registered with the practice. The practice is overseen by NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under a Personal Medical Services (PMS) contract. The proportion of patients registered who have a long standing health condition is above the CCG and national average.

There are three GP partners (two female and one male) and one of these was currently going through the Care Quality Commission registration process. There are four salaried GPs (three male and one female). In addition there are four practice nurses and three healthcare assistants. There is a practice manager, reception manager and administrative and reception staff. The practice also employed a clinical pharmacist.

The practice is a training practice training medical students and trainee GPs.

Opening hours are 8am until 7.30pm on Mondays and 8am until 6.30pm Tuesdays to Fridays. Appointments are throughout these times. The practice is closed from 1pm on the first Wednesday of each month. This is used for staff training.

There is an out of hours service available provided by NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 April 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, practice nurses, the reception manager and reception staff.
- Observed how patients were being treated in the reception and waiting areas.
- Spoke with 15 patients.

Detailed findings

- Reviewed 45 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- There was a policy in place to advice staff what type of incident should be recorded as a significant event. Staff told us they were encouraged to complete incident reporting forms and most of the staff we spoke with had done so at some time. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. They were discussed and reviewed at monthly meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident regarding a patient with sepsis (blood poisoning caused by an infection or injury) was reported. The incident was shared with the clinical team during an educational meetings and the learning resulted in at least two other patients receiving more appropriate care.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Prescription pads were not taken on home visits. One blank prescription was attached to each home visit record and logged. If it was not used it was recorded as such and shredded.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. A full work history had been provided for all staff, and references had been taken up. Evidence of

identity was held and appropriate through the Disclosure and Barring Service (DBS) had been carried out. Checks took place to ensure all clinical staff were registered with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. We saw that a company had been to check the fire extinguishers. However they had failed to document the checks by annotating the fire extinguishers. The practice manager contacted them during the inspection and they were in the process of making sure all the correct documentation was completed.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- National patient safety alerts were emailed to all clinical staff. All alerts were discussed at the monthly clinical meetings held.
- We saw evidence that following Medicines and Healthcare Produce Regulatory Agency (MHRA) alerts appropriate actions were taken by GPs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.5% of the total number of points available.

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

- Performance for diabetes related indicators was 75.8%. This was better than the CCG average of 81.8% but below the national average of 89.2%.
- Performance for hypertension related indicators was 100%. This was better than the CCG average of 96.7% and the national average of 97.8%.
- Performance for mental health related indicators was 92.1%. This was better than the CCG average of 91.7% and the national average of 92.8%.

  There was evidence of quality improvement including clinical audit.

- The practice regularly carried out data analysis, for example looking at patients with chronic kidney disease requiring a pneumococcal vaccination (this prevents serious blood, brain and lung infections). However we saw only one example of a two cycle clinical audit where improvements had been monitored.
- There was no formal system to undertake a second cycle of audits. However, we saw some had been annotated that they were to be repeated in 12 months. We looked at a clinical audit where the improvements made were implemented and monitored.
- The practice participated in 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 all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff monitored their continuing professional development (CPD) and this was overseen by the practice manager. We saw nurses attended updated training, for example in venepuncture.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Most staff had received an appraisal within the last 12 months. The practice manager had recently returned for a period of maternity leave and all outstanding appraisals had been booked in.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information

governance. Staff had access to and made use of e-learning training modules and in-house training. The practice manager monitored training and we saw staff received an email informing them what training needed to be renewed.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital.

Multi-disciplinary team meeting took place each week. During these meetings patients with cancer, the elderly or vulnerable and those receiving end of life care were discussed. All professionals with an interest in the patients being discussed were invited to these meetings. The practice had close links with Age UK Oldham and an intermediate care home and worked closely with them to avoid hospital admissions.

We saw that 90% of people living in a nearby 146 bed nursing home were registered with the practice. A dedicated GP attended the home for a morning every week. Relatives of people living in the home were able to be present if they wished, so the patients and their families could build up a relationship with the GP and continuity of care was provided. The GPs also attended for emergency visits as required.

The practice employed a practice nurse with specialist responsibility, who specialised in the care of older patients.

- The specialist nurse had a master's degree in gerontology and primarily cared for patients aged 70 and over.
- Patients aged between 70 and 75 were invited into the practice for an annual health check. The nurse contacted patients aged 75 and over to offer them a home visit for a health check.
- The nurse was able to build up a relationship with patients while assessing their physical, psychological and social health. By seeing patients regularly they were able to observe changes in patients' health at an early stage, and provide additional support or signpost them to other services.
- Patients who had problems with their memory or who were thought to be in the early stages of dementia were referred to the nurse who worked closely with the memory team.
- We saw evidence that patients seen by the nurse were discussed at the monthly multi-disciplinary team meetings, where district nurses, health visitors and community matrons were invited.

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. A GP and a member of the nursing team were attending additional training during the month following our inspection. They told us they wanted to make sure they were fully up to date with legislation relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
  When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

Good

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, and those requiring advice on their diet, smoking and alcohol consumption. Patients were signposted to the relevant service.
- A health trainer attended the practice weekly, and a smoking cessation service was also available each week. A drug support worker attended the practice fortnightly as did a physiotherapist. A consultant from the memory clinic also attended fortnightly and patients from other practices were referred for them to see in this building.

The practice's uptake for the cervical screening programme was 82.12%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74.1% to 76.9% and five year olds from 78% to 80%. .

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged over 40. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A specialist nurse carried out health checks for the over 70s.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 45 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and friendly. They said they were treated with respect and supported by GPs through difficult times.

We spoke with 15 patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%).
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%)
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%).
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%).
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the compared to the CCG average of 86% and the national average of 85%)

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. They said they mostly used face to face interpreters although a telephone service was available if required. Sign language interpreters were also used. Staff told us they did not rely on family members to translate for patients.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers, which was just less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them. In addition the practice nurse with specialist responsibilities for older patients regularly assessed the needs of carers as well as patients and they were able to suggest additional support if required.

Staff told us that following the death of a patient the next of kin received a visit from a nurse or GP within six to eight weeks. If it was felt additional support was required this was arranged. This included referrals to Cruse Bereavement Care.

A counselling service by Healthy Minds was available in the area and patients requiring this service were referred by GPs or could self-refer.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had extended hours opening every Monday until 7.30pm, with three GPs and a practice nurse available for appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- A patient survey had identified that patients found it difficult to pre-book appointments with a female GP. The practice responded by reducing the number of on-call sessions by female GPs to ensure more pre-bookable appointments were available.
- There was a dedicated prescription telephone line staffed from 9am until 5pm. Patients were able to leave an answerphone message or request a call back outside these hours. Comments made by patients on the CQC comments cards indicated that patients valued this service. Patients we spoke with also told us they found the process for ordering prescriptions very easy.
- GPs within Oldham CCG had a zero tolerance to abuse from patients, with abusive patients being removed from their GP's register. These patients had the opportunity to register as part of an 'allocated patients' scheme' at a two practices in the CCG area. This practice registered patients on this scheme. These patients were reviewed annually as a minimum and taken off the scheme when appropriate so they could return to their original GP if they preferred.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a Facebook page so patients could be kept up to date with practice issues. For example, when there was a power cut the page was updated to inform patients of the impact.

Access to the service

The practice was open between 8am and 7.30pm on Mondays and 8am until 6.30pm Tuesdays to Fridays. Appointments were available throughout these hours. On the first Wednesday of every month the practice closed for staff training.

Pre-bookable appointments could be made up to six weeks in advance. We saw that the next available pre-bookable appointment was in two working days' time.

The practice had a triage system in place for patients who requested an urgent on the day appointment. GPs telephoned patients back within a short time and if they felt a face to face appointment was required this was made. The GPs also had the facility to give patients an appointment during the following two days if they felt they needed to see a patient but not as a matter of urgency. The majority of the patients we spoke with told us they found this system helpful, with one patient saying the system often avoided the need for them to attend the practice. On patient commented that although they could access appointments it could take a long time to see their preferred GP. Comments made on the CQC comments cards were also positive about the system with patients saying they could always access appointments when they were needed. However, one patient said they did not like giving details of why they wanted an appointment to receptionists. Patients were also able to book telephone appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a complaints leaflet and a notice in the reception area.

We looked at the eight complaints received in the last 12 months. Verbal complaints as well as written ones were recorded. Complaints were investigated and discussed with relevant staff. Complaints were shared with the whole team during an annual review meeting, and they were discussed during other meetings with various staff throughout the year. Patients were directed to the Parliamentary and Health Service Ombudsman (PHSO) if they were dissatisfied with how their complaint had been handled.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- 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 maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. These included fortnightly business meetings and GP meetings, monthly meetings of the nurses, monthly professional learning meetings for all staff and regular meetings for the reception team. With the exception of the business meetings minutes were available for staff to view on the shared drive. The minutes of the business meetings were shared with partners by email.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- New staff told us that the practice was very welcoming, all staff took the time to introduce themselves, and they felt able to ask anyone, including the partners, for advice.

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.

- The practice had a virtual patient participation group (PPG) with 41 members. The PPG was consulted

Are services well-led?

Good

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

following the national GP patient surveys and they were asked for any ideas to make improvements. The PPG had suggested having a Facebook page for the practice and this had been set up.

- The practice put an action plan in place following each national GP patient survey. Following comments about being unable to see a preferred GP they found that appointments for female GPs were booked up several weeks in advance. In response they changed the rotas for female GPs so they could see more patients who pre-booked appointments rather than patients requiring emergency on the day appointments.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This including having a practice nurse with specialist responsibilities to specifically care for older patients.

The practice was a training practice for medical students and trainee GPs. We saw that feedback from the Deanery was sought and meetings and action plans were put in place when it was identified any areas could be improved on.