

Dr Sally Johnston

Quality Report

Riddings Family Health Centre
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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

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Riddings Family Health Centre on 20 April 2016. Overall the practice is rated as requires improvement.

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

- 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. There were no recorded complaints and we were told that none had ever been received.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs with the exception of chaperones.
- Data showed patient outcomes and patient satisfaction was high compared to the local and national averages. A clinical audit was undertaken annually and further monitoring of services was undertaken on an as and when basis. We saw that some changes were made to improve outcomes for patients such as changes in medication.
- Staff said that they understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses but we did not see evidence that this was consistent. Staff described incidents that had not been recorded.
- The practice presented three clinical incidents in the past twelve months. They had been investigated and actioned appropriately. They were discussed informally with clinical colleagues if felt appropriate.

Summary of findings

- Clinical risks to patients were assessed and well managed, but environmental risks such as those relating to health and safety, fire safety and staff training were not.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The lead GP took the lead for all aspects of the practice, clinical and managerial, and staff said they felt supported by management. There was no evidence that the practice proactively sought feedback from staff and patients.

The areas where the provider must make improvements are:

- Formalise the reporting, recording and investigation of all incidents and document action taken to improve safety and continuous learning.

- Encourage and monitor formal and informal verbal and written comments and complaints.
- Ensure recruitment arrangements cover all necessary employment checks for all staff including locum staff.
- Ensure fire safety within the environment.
- Monitor the learning needs of all reception/administration staff and identify and monitor training and development plans.
- Carry out all appropriate health and safety risk assessments.

In addition the provider should:

- Review the chaperone policy

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 inadequate for providing safe services.

Inadequate



- 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.
- Staff said there was a system to record significant incidents and they said they understood their responsibilities in this regard. Three significant events were presented and we saw that they were dealt with appropriately with lessons shared and action taken if required. However, recording of significant incidents was inconsistent and limited to clinical issues only. They were not recorded in a structured way, did not record who was in attendance at the discussion and did not outline what happened, what went well, what could be done better and what learning was implemented. No review was undertaken to see if learning was maintained.
- Staff described at least three incidents of significance that had not been recorded. The lead GP said there was not time to record everything significant that happened at the practice.
- We were told that when things went wrong patients received reasonable support, truthful information, a written apology and explanation of any actions taken to prevent the same thing happening again. However, there was no evidence presented to support this statement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, not all staff had completed safeguarding training, fire safety was not maintained, there were no personnel files for locum medical staff who were used periodically; and no formal checks to ensure that locum staff were fit and proper persons and had the appropriate training and up to date registrations.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- An annual clinical audit was undertaken and further monitoring of treatment was undertaken on an as and when basis. We saw that some changes were made to improve outcomes for patients such as changes in medication.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment. Training for administration and reception staff was very limited and not all staff had completed safeguarding and basic life support training.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.
- Information for patients about the services available was easy to understand and accessible. Family members were used as interpreters in favour of other language services.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Only the lead GP and the practice nurse could act as a chaperone. In the case they might not always be available, patients could be asked to pre-request a chaperone so that appointments could be tailored around their need. Reception staff were not trained or appropriately checked to undertake this role.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 such as infection control and medicines management.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs with the exception of chaperones.

Summary of findings

- Information about how to complain was available. We were told there had been no written complaints. When asked about verbal comments we were told that these were not recorded or analysed.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a system in place for notifiable safety incidents but we did not see that this was effective. Reporting was inconsistent and not all staff were aware of what should be reported and recorded. Information was shared on an as and when basis.
- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. The lead GP was responsible for all aspects of the running of the practice. Staff knew who to go to and said they felt supported.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice did not proactively seek feedback from staff and patients, which it acted on. We were told that the practice had tried to set up a patient participation group (PPG) but patients had not attended. There was therefore, no active PPG. However informal feedback during consultation had been honoured when a patient requested chairs with arm rests.
- Staff appraisals took place but the learning needs of reception and administration staff were not assessed, identified and monitored effectively.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as inadequate in safe and requires improvement in well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients in care homes were reviewed once a month by the lead GP.

Requires improvement



People with long term conditions

The provider was rated as inadequate in safe and requires improvement in well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice nurse assisted the GP who had the lead who held the lead role for chronic disease management
- Patients at risk of hospital admissions 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.

Requires improvement



Families, children and young people

The provider was rated as inadequate in safe and requires improvement in well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Requires improvement



Summary of findings

- Staff 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.
- Recent action taken as a result included an increase in cervical screening results. The practice's uptake for the cervical screening programme was 89%. This was higher when compared to the CCG and national averages of 82%.
- 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 and health visitors.

Working age people (including those recently retired and students)

The provider was rated as inadequate in safe and requires improvement in well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as inadequate in safe and requires improvement in well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances and temporary registration was available when required.
- 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and said they would report any issues to the lead GP. We saw evidence that safeguarding concerns were acted on.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate in safe and requires improvement in well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 80% compared to the CCG average of 83% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the CCG average of 85% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. 246 survey forms were distributed and 117 were returned. This represented 3.6% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the local average of 79% and the national average of 73%.
- 100% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 84% and national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the local average of 88% and national average of 85%.

- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 83% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Comments included praise for the practice staff, no problems when trying to get an appointment, and satisfaction that they were treated with dignity and respect.

We spoke with two patients during the inspection. The patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Formalise the reporting, recording and investigation of all incidents and document action taken to improve safety and continuous learning.
- Encourage and monitor formal and informal verbal and written comments and complaints.
- Ensure recruitment arrangements cover all necessary employment checks for all staff including locum staff.

- Ensure fire safety within the environment.
- Monitor the learning needs of all reception/ administration staff and identify and monitor training and development plans.

Action the service **SHOULD** take to improve

In addition the provider should:

- Review the chaperone policy

Dr Sally Johnston

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 adviser and a practice manager specialist adviser.

Background to Dr Sally Johnston

The Riddings Family Health Centre is situated on Riddings Road, Timperley between the junctions of Riddings Road with Eaton Drive and Radlet Drive within a row of local shops. The Number 20 bus, route from Altrincham Interchange to Grange Avenue Timperley stops immediately outside. Car parking is available on the roads adjacent to the practice and the practice is accessible to people with disabilities.

The practice offers a service to a stable population of 3,245 patients in the surrounding area of Timperley and are currently accepting new patients.

Practice staff consist of the full time lead GP (female), a part time GP (male) and a part time practice nurse. There is also a practice manager and three reception/administration staff. The GPs undertook 12 sessions across Monday to Friday and the nurse was available for 5 sessions in total over Monday, Tuesday and Wednesday. The practice was actively involved in the training of medical students but there were no students in place at the time of our inspection.

The practice is open Monday to Friday from 8.00am until 6.30pm with later appointments available on a Tuesday from 6.30pm until 8.00pm. The morning surgery is held

between 9.00am and 11.00am Monday to Thursday and 8.30am to 10.30am on Fridays. Evening surgery is usually between 3.30pm and 5.30pm each day. When the practice is closed, patients are directed to the out of hours service delivered by Mastercall.

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 20 April 2016. During our visit we:

- Spoke with a range of staff including the lead GP, the practice nurse and three of the four reception/administration staff.
- We spoke with two patients who used the service.
- Observed how patients were being cared for.
- Reviewed anonymised sections of the personal care or treatment records of patients.

Detailed findings

- Reviewed 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.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events but it was not consistently followed.

- The practice presented three significant clinical events and each record described the incident, what went wrong, and action to be taken to rectify the issue and avoid reoccurrence. Staff told us they would inform the practice manager of any incidents but we saw that only clinical incidents were recorded. The three significant events presented were not recorded on a specific form and were not kept electronically. Analysis of the significant events was shared with the relevant parties. There was no evidence that formal and regular minuted clinical discussions took place.
- Recording of significant events was inconsistent. We were told about a patient that had presented at the surgery when no doctor had been on site; we were told the action taken by the practice manager at the time had been discussed. A member of staff mentioned incidents when the practice intranet was unavailable due to IT issues which meant there were times when guidelines could not be accessed. A patient commented about a missed diagnosis which had been discussed with the GP and dealt with appropriately. None of these incidents were recorded.
- A member of staff said they were not involved in discussions about incidents if they did not concern them and they could not recall ever being involved in the last three years. The GP commented that there was not time to formally record everything significant that happened at the practice.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, but not all these systems were effective :

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. A safeguarding policy was available for staff to refer to. There was a lead member of staff for safeguarding who liaised with the local safeguarding team if required. GPs

and the practice nurse were trained to child protection or child safeguarding level 3. We were told that family members or persons of the patient's own choice were used as chaperones and interpreters.

- There was only a small number of non-clinical staff. They were not all able to demonstrate that they had completed safeguarding and basic life support training and they did not all demonstrate an adequate understanding of safeguarding responsibilities with regards to children and vulnerable adults.
- If patients required a chaperone they were able to have one if one was available. Only the lead GP and the practice nurse could carry out this role and there were some times when they would not be available. If it was known that a chaperone was required when booking the appointment, patients were advised that they could bring a chaperone with them if they wished. Non-clinical staff were not trained and did not undertake chaperone duties. We were told that if a chaperone was not available when required then the appointment would have to be re-scheduled.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP was the infection control lead and had liaised with the local infection prevention team to keep up to date with best practice. An action plan had been put in place and most of the actions had been completed. The practice was carpeted throughout and stained in some areas. None of the carpets had been replaced as suggested in the action plan but they had been deep cleaned and there were plans to continue deep cleaning on a regular basis. Spill kits were available and staff knew where they were and how to use them.
- 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 medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that blank electronic prescription forms were not securely locked away and we highlighted this at the inspection.

Are services safe?

Prescription pads however were kept securely and not in GP bags and there was a process to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The lead GP told us they had a process for monitoring the prescribing of high risk medicines such as Disease-modifying anti-rheumatic drugs (DMARDs) and Warfarin. However they said they did not know what the other GP did to manage these and there was no system in place to regularly and formally discuss patients.
- We reviewed four personnel files and found that they contained some training and documentary evidence such as staff contracts and job descriptions. We saw Disclosure and Barring Service (DBS) checks were up to date for clinical staff. Non-clinical staff had not been DBS checked as they did not carry out chaperone duties. Photographic identification was not retained but there had been no recently employed staff for more than three years. We were told that medical locum staff were used to cover annual leave and were not obtained through agencies. There were no personnel files for locum staff. We asked what checks were made to evidence that locum staff were fit and proper persons and had the appropriate training and up to date registrations. It was not evidenced who, if anyone, was responsible for carrying out these checks and there was no evidence that details were retained.

Monitoring risks to patients

Not all risks to patients were assessed and well managed.

- The procedures in place for monitoring and managing risks to patient and staff safety were not effective. There was a health and safety policy but we did not see evidence that it was being followed. Although the practice had up to date fire risk assessments it did not

carry out regular fire drills, did not carry out intermediate checks of the fire alarms and did not have fire Marshalls or people responsible for ensuring patient and staff safety in the event of fire.

- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However there were no risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and infection control.
- 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 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 basic life support training although not all staff were up to date with that training. There were emergency medicines available in the treatment room.
- A first aid kit and accident book were available and oxygen with adult and children's masks. The practice did not have a defibrillator or nebulisers available on the premises.
- 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 546 of the total number of 559 points available. This was 2.9% higher than the Clinical Commissioning Group (CCG) average. The clinical exception rate was 3.6% which was lower than the CCG average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for one of the QoF targets. The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was higher at 10.19% than the CCG (8.14%) and national (5.13%) averages. We discussed this during the visit and were told that one of the GPs had reviewed their working practice, but they were not aware what the other GP had done with regard to this.

Performance for diabetes related indicators showed that the practice were higher or the same as the local and national averages. The data was as follows :

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 73% compared to the CCG and national averages of 77% and 78% respectively.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 86.67% compared to the CCG average of 76% and national average of 78%
- The percentage of patients with diabetes, on the register, who had received an influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 99% compared to the CCG average of 85% and the national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to the CCG average of 86% and the national average of 88%.

Performance for mental health related indicators was comparable to local and national averages. Data showed :

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the CCG average of 85% and the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the CCG average of 89% and the national average of 89%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 80% compared to the CCG average of 83% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice completed QoF audits and in addition we saw that one completed audit had been presented in the last two years where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits such as medicine management and local and national benchmarking through the quality outcomes framework and peer review of referrals which were last done in December 2015.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an increase in cervical screening results.

Information about patients' outcomes was used to make improvements such as screening for pre-diabetes indicators in patients above the age 40.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment with exceptions in mandatory training and locum checks.

- 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. However, there had been no recent newly appointed staff and although staff had access to and made use of e-learning training modules and in-house training not all non-clinical staff were up to date with mandatory training such as safeguarding, basic life support and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as the nursing staff whose training needs were identified at their appraisal. The lead GP was responsible for the management of most long term conditions and had the appropriate knowledge and skills.
- 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 non-clinical staff were not identified through a system of appraisals, meetings and reviews of practice development needs. All staff had access to appropriate training to meet their learning needs but this was not monitored for all staff to ensure it was up to date and to covered the scope of their work.

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. Meetings took place with other health care professionals when required and care plans were reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- The clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We were told that where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse would assess the patient's capacity and record that assessment in the patient's notes.
- The process for seeking consent was not monitored through patient records audits.

Supporting patients to live healthier lives

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

- 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 cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 89% (according to CQC data). This was above average when compared to the CCG and national averages of 82%.

Are services effective?

(for example, treatment is effective)

The practice offered telephone reminders for patients who did not attend for their cervical screening test and demonstrated how they encouraged uptake of the screening programme contacting patients and discussing their options with them. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

With regards to breast and bowel screening, the lead GP told us that they discussed breast screening with patients. CQC data for breast and bowel screening was as follows :

- Females, 50-70, screened for breast cancer in last 36 months was 213. This was 60% of the practice patients and was lower than the CCG average of 68% and the national average of 72%.
- Females, 50-70, screened for breast cancer within 6 months of invitation was 12. This was 54% of the practice patients and was lower than the CCG average of 73% and the national average of 73%.

- Persons, 60-69, screened for bowel cancer in last 30 months was 182. This was 58% and was in line with the CCG and national averages of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 96. This was 54% and was in line with CCG and national averages of 55%.

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 96% to 100% and five year olds from 93% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 and could offer them a private room to discuss their needs.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke to two patients who 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:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and 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 but were not often used. The lead GP told us that patients preferred to use family members to translate and that was facilitated for them.
- Information leaflets were available in easy read format and could be developed in other languages if required.

Patient and carer support to cope emotionally with care and treatment

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 a number of patients as carers but we did not obtain specific figures to evidence this. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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 such as the local infection control and medicines management team.

- There were longer appointments available for patients who needed them if they were requested.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The practice was open Monday to Friday from 8.00am until 6.30pm with later appointments available on a Tuesday from 6.30pm until 8.00pm. The morning surgery was held between 9.00am and 11.00am Monday to Thursday and 8.00am to 10.30am on Fridays. Evening surgery was normally between 3.30pm and 5.30pm each day. When the practice was closed, patients were directed to the out of hours service delivered by Mastercall.

Pre-bookable appointments were offered in advance and urgent appointments were available for people that needed them.

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

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and national average of 73%.

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

The practice had a system in place to address home visits. If a patient required a home visit then it was provided. The patient did not have to wait for a call back. Receptionists gathered information to assess whether the clinical need was urgent, for example chest pain or collapse and in those rare circumstances, a 999 call would be made on behalf of the patient. This was all done during the initial call from the patient.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. However we could not evidence whether or not this was effective as we were told that the practice had never received any complaints, either formally or informally. The practice said they did not receive and did not monitor verbal comments or suggestions to understand trends or review the content.

We saw that there was a complaints procedure on the practice website and the practice leaflet directed patients towards the lead GP or to Trafford Clinical Commissioning Group. It did not provide details of NHS England, the Care Quality Commission or the Ombudsman.

Are services well-led?

Requires improvement 

(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 and most of the staff were aware of their responsibilities in relation to it.
- The practice had supporting business plans which reflected the vision and values and these were monitored by the lead GP.

Governance arrangements

The practice had an overarching governance framework however the framework was not consistently implemented in practice.

- 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 but some required review.
- A programme of audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing some risks within the practice. However those relating to health and safety, fire safety, recording of significant events, training and the monitoring of some clinical risks, such as the prescription of warfarin within the practice, were not effective.

Leadership and culture

On the day of the inspection it was evident that the lead GP was solely responsible for every management issue at the practice and did not delegate responsibilities. These responsibilities included human resources, health and safety, clinical and environmental risk management, finances, leadership in addition to carrying out their role as a GP.

The lead GP told us they prioritised safe, high quality and compassionate care but they could not wholly demonstrate that. For example, they did not feel it was necessary to undertake regular fire safety or health and safety assessments.

Staff told us the managers 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. We were told that the GPs encouraged a culture of openness and honesty.

We were told that the practice would provide reasonable support, truthful information and a verbal and written apology if and when required. There was no evidence to support that as the practice did not keep records of verbal interactions with patients.

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

- Team meetings took place on a quarterly basis. All other communication was informal and was not minuted. For example, clinical discussions and other daily events that were not considered necessary to formally record.
- 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 by the GPs in the practice.

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

The practice received no feedback from patients and the public other than the Friends and Family Test and the national GP patient survey.

- They had tried to set up a patient participation group (PPG) but said that patients did not want to attend. The practice did not view the PPG as a current priority and did not gather feedback from patients through this channel. However they said they had made changes to the seating in the waiting room as a result of a suggestion offered by a patient during a consultation. This was not recorded anywhere.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged in how the practice was run.

Continuous improvement

Are services well-led?

Requires improvement 

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

The practice vision and plan for the next few years was to continue providing the good service that they said they already provided.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Good Governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to identify the risks associated with the lack of fire and other health and safety checks, recruitment checks on locum staff and the risks posed by not monitoring that all staff were appropriately trained.</p> <p>They had failed to identify the risks associated with not monitoring all significant events.</p> <p>They had failed to identify the risks associated with working in isolation.</p> <p>They did not encourage patient feedback by recording, monitoring and seeking the views of patients in a formal or informal way.</p> <p>This was in breach of regulation 17(1) and (2) (a)(b)(d)(e) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>