Davaar Medical Centre

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.

Summary of findings

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Summary of findings

Overall summary

Davaar Medical Centre is a well-established general practice (GP) partnership. The practice operated a weekday service for approximately 5,500 patients in the Dukinfield area of Tameside.

Patients we spoke with and who completed our comment cards were very positive about the care and treatment provided by the clinical staff and the assistance provided by other members of the practice team. They also told us that they were treated with respect and their privacy and dignity were maintained.

We found that the provider had listened to patient comments and had consequently taken action to improve the service provided.

Action has been taken to improve appointment access for patients.

The practice premises were clean and well maintained. Safe and effective systems were in place for the management of medicines. Care and treatment decisions were based upon best practice guidelines and were responsive to peoples' needs.

We found that the practice provided clear and effective leadership based on a culture that was open and fair. Measures are taken to ensure that governance and quality assurance systems safely managed risks and developed and improved the services provided.

We found that the provider had met the regulations and provided services that were safe, effective, caring, responsive and well-led. Davaar Medical Centre is registered with the Care Quality Commission to carry on the following regulated activities; Diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

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 service was safe. Systems and practices were in place to ensure that the premises were clean and safe, medicines were managed properly and that any safety incidents were investigated and learnt from. Practice staff were aware of their responsibilities to protect children and adults from abuse. This meant that patients registered at Davaar Medical Centre were protected from abuse and avoidable harm.

Are services effective?

The service was effective. Systems and practices were in place to ensure patients were provided with the right diagnosis and treatment. Effective arrangements had been made to support people with long term conditions and ensured timely referrals were made to specialist services when required. Patients were provided with information to make informed decisions about their treatment and care. This meant that people's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on the best available evidence.

Are services caring?

The service was caring. Patients told us that they were treated respectfully and their dignity and respect was observed by the staff at Davaar Medical Centre. This meant that patients felt comfortable and confident when accessing the service and that they were treated as an individual.

Are services responsive to people's needs?

The service was responsive. The practice team at Davaar Medical Centre were responding to the needs of the local population. This included regularly reviewing how patients were able to access appointments in a timely way. Patient's views were regularly sought and acted upon. This meant that patients were confident the service was organised so that their views were listened, taken into account and their needs were appropriately met..

Are services well-led?

The service was well-led. The practice team was well organised and effectively managed. There were clear lines of responsibilities and accountability at all levels and there was a culture of openness and consultation. Staff were supported with regular training and support and regular checks (audits) were conducted to measure, review and improve the systems and practices in operation. This meant that

Summary of findings

patients benefitted from a service where the management and governance arrangements sought to assure the delivery of high quality person-centred care, supported learning and innovation, and promoted an open and fair culture.	

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
This population group was provided with a service that was safe, effective, caring, responsive and well led. We found that treatment and care was personalised to the individual's needs and circumstances, including their personal expectations, values and choices.

People with long-term conditions
This population group was provided with a service that was safe, effective, caring, responsive and well-led. The practice team were ensured that patients in this group were supported appropriately, regularly reviewed and that their care was co-ordinated with other medical and social care professionals.

Mothers, babies, children and young people
This population group was provided with a service that was safe, effective, caring, responsive and well-led. A wide range of systems and services were in place to ensure that the diverse and specialist needs of this population group were being met appropriately.

The working-age population and those recently retired
This population group was provided with a service that was safe, effective, caring, responsive and well-led. The appointments system was monitored, reviewed and amended by the provider to try to maximise timely access to services.

People in vulnerable circumstances who may have poor access to primary care
This population group was provided with a service that was safe, effective, caring, responsive and well-led. There were no barriers to accessing GP services for this population group.

People experiencing poor mental health
This population group was provided with a service that was safe, effective, caring, responsive and well-led. There were no barriers to people with poor mental health accessing services. Suitable systems were in place to enable timely and appropriate referrals to be made to specialist community mental health service.

Summary of findings

What people who use the service say

We received fourteen completed patient comment cards and spoke with twenty three patients on the day of our visit (including eight members of the patient participation group). We spoke with people from various age groups and with people who had different health care needs.

Patients we spoke with and who completed our comment cards were very positive about the care and treatment provided by the clinical staff and the assistance provided by other members of the practice team. They also told us that they were treated with respect and their privacy and dignity were maintained

The 2013 practice patient survey and comments on the NHS choices website reflected high levels of satisfaction with the services provided at Davaar Medical Centre.

Patients told us that all the staff treated them with dignity and respect and that their privacy and dignity were maintained.

Areas for improvement

Action the service COULD take to improve

Checks (audits) had been conducted to ensure actions taken to prevent the spread of potential infections were maintained. The last audit had identified some action points that we were told had been addressed. However there was no evidence that a formal action plan had been developed and recorded to confirm that action had been taken.

Good practice

Our inspection team highlighted the following areas of good practice:

Davaar Medical Centre was actively enabling patients (via its website) to register to access their medical records online. This enabled patients who chose to do so to participate more fully in understanding their treatment and manage their healthcare more effectively.

Davaar Medical Centre had a very proactive patient participation group (PPG). They told us that they were a very independent 'patient led' group and that they worked in collaboration with the practice team to identify issues quickly, explore ways of resolving them and enhance patient experience and involvement at the practice. This had been achieved through effective lines of communication with the GP partners and practice team.

Davaar Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and two special advisors (a GP and a practice manager).

Background to Davaar Medical Centre

Davaar Medical Centre is a well-established general practice (GP) partnership. The practice operated a weekday service for approximately 5,500 patients in the Dukinfield area of Tameside. As well as the core surgery hours an evening surgery was provided on a Monday between 6.30pm and 7.30pm and an early morning surgery on a Wednesday between 7am and 8am. Davaar Medical Centre provided primary care, which included access to GPs for all the registered patient population, family planning, ante and post natal care and child health services. A detailed list of services available was published on the practice website. When the practice was closed arrangements had been made for an out of hours GP service to provide advice and medical attention to patients where their problem is urgent and cannot wait until the practice is next open.

Davaar Medical Centre is an accredited GP Training Practice by the North Western Deanery of Postgraduate Medical Education.

Davaar Medical Centre is situated within the geographical area of NHS Tameside and Glossop Clinical Commissioning Group (CCG). The CCG is responsible for commissioning health services for the 240,300 people registered with their 42 member GP practices. The CCG has three local priorities: improving GP disease risk registers, dementia and smoking quitters, which it hopes will contribute to reducing health inequalities and improving health outcomes.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Detailed findings

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share their information about the service.

We carried out an announced visit on 21 May 2014 and the inspection team spent eight and a half hours at the Davaar Medical Centre. We reviewed all areas that the practice operated, including the administrative areas. We received fourteen completed patient comment cards and spoke with twenty three patients on the day of our visit (including eight members of the patient participation group). We spoke with the lead GP, two of the partner GP's, two registrar GP's, the practice manager and their deputy, the practice nurse, a healthcare assistant and two administration and reception staff who were on duty.

Are services safe?

Summary of findings

The service was safe. Systems and practices were in place to ensure that the premises were clean and safe, medicines were managed properly and that any safety incidents were investigated and learnt from. Practice staff were aware of their responsibilities to protect children and adults from abuse. This meant that patients registered at Davaar Medical Centre were protected from abuse and avoidable harm.

Our findings

Safe Patient Care

Suitable procedures and processes were in operation to report and record safety incidents and significant events (including allegations of abuse). We looked at records which detailed how incidents and significant events were investigated and managed. There were clear lines of leadership and accountability in respect of how these issues were investigated and managed. Members of the practice team described an open and fair culture in which mistakes could be discussed in a supportive environment and gave specific examples of this happening. One person said "I would not be afraid if I made a mistake to talk about it." Another said "I am confident that any issues we raise are listened to and appropriately acted upon."

Learning from Incidents

Significant incidents and events were used as opportunities for learning and enhancing the safety of patients and staff at the practice. We spoke with staff and looked at records relating to how the practice team learnt from incidents and subsequently improved safety standards. From examples we looked at it was evident that incidents were appropriately investigated by defining the issue clearly and identifying what actions needed to be taken to address the risk and minimise or prevent it from happening again. The actions taken were subsequently monitored to ensure improvements were sustained. An example was seen of a significant event which arose from information contained in a complaint. This generated uncertainty about the value of a particular medical investigation and a clinical presentation was delivered on this topic to facilitate understanding. The complaint was responded to appropriately and was provided with an explanation why decisions had been made and informed about what action the practice had taken to learn from the event. Another example was of a highly sensitive and confidential nature. Robust procedures for the maintenance of patient safety had been immediately instigated and monitored.

Safeguarding

Safeguarding policies and procedures in respect of children and adults had been implemented at the practice. One of the GP partners took the lead and provided support and advice on safeguarding matters. Safeguarding procedures were co-ordinated with other agencies to ensure

vulnerable patient's plans were implemented effectively. Discussion with staff revealed they knew where to find the safeguarding policy, were able to describe potential behaviours and other signs of abuse and knew how to report any safeguarding concerns they may have. One of the GPs described examples of the practice going to significant lengths to adapt care to the needs of specific vulnerable adults. Staff training records demonstrated that clinical and non-clinical staff had been provided with regular safeguarding training.

Monitoring Safety & Responding to Risk

Staffing levels and the skill mix required within those levels was subject to regular review to ensure patients were safe and that their needs were appropriately met. Discussions between the practice team and the patient participation group (PPG) had identified the need to recruit an additional practice nurse and action had been taken to achieve this. Arrangements were in place for managing planned and unplanned staff absence. The practice ensured to maximise continuity of care. One of the partner GP's or salaried GP covered for any GP absence. It was noted that the practice staff team was very well established and the GP's and other members of staff took the lead in providing advice and support in respect of a range of clinical and non-clinical areas. The practice also provided experience for two GP registrars. These are qualified doctors undertaking post graduate general practice training. We talked with one of the two partner GP's who provided supervision and support to the registrar GP's. They described the process whereby GP registrars were supported and supervised to ensure they are able to develop the required skills and knowledge to safely see patients. The GP registrars we spoke with confirmed that their trainers were always available for help and support.

Patients we spoke with were confident in the ability of the practice team to keep them safe and treat them properly. The stability of the staff team underpinned this confidence and provided consistency for patients.

Medicines Management

Appropriate arrangements had been made for the management and secure storage of medicines within the practice. Management of medicines was the responsibility of the clinical staff at Davaar Medical Centre. Prescribing of medicines was monitored closely and prescribing for long term conditions was reviewed regularly. A clear and well organised process was operated to enable patients to request and obtain their repeat prescriptions. It was established practice to monitor the amount of medication prescribed particularly for the frail elderly. Medication errors were treated as significant events and managed in a way that maximised patient safety. We also looked at the processes and procedures for storing medicines. This include vaccines that were required to be stored within a particular temperature range. We found appropriate action had been taken to achieve this and a daily check and record was made to ensure the appropriate temperature range was maintained. We saw that a documented system was in place to regularly check the medicines contained in the doctor's bags taken when visiting patients at home. This was to ensure the required medicines were present and within their expiry date.

Cleanliness & Infection Control

All areas of the practice were very clean and patients we spoke with told us this was consistently the case. Infection prevention and control measures were being operated and the practice nurse provided leadership in this area. Staff had been provided with regular infection prevention and control training and this included the use of appropriate hand washing techniques. Checks (audits) had been conducted to ensure actions taken to prevent the spread of potential infections were maintained. The last audit had identified some action points and we established these had been addressed. However there was no evidence that a formal action plan had been developed and recorded to confirm that action had been taken.

We also saw evidence that practice staff were provided with equipment (for example disposable gloves and aprons) to protect them from exposure to potential infections that may be caught whilst providing health care to patients.

Appropriate hand washing facilities were provided throughout the practice. Suitable arrangements were in place to dispose of used medical equipment and clinical waste safely. This means action had been taken to ensure patients and staff were being protected from the potential spread of infection.

Staffing and recruitment

We looked at staff recruitment practices. An appropriate recruitment process was in place. This included obtaining information that demonstrated appropriate checks had been made to ensure new staff were appropriately qualified, were currently registered with a professional

Are services safe?

body, for example The General Medical Council, and evidence that a Disclosure and Barring Service (DBS) check had been conducted to assess the person's suitability to work with potentially vulnerable people.

Dealing with Emergencies

Procedures were in place for dealing with medical emergencies. Resuscitation medicines and equipment, including a de-fibrillator and oxygen, was readily accessible to staff. Records and discussion with staff demonstrated that all practice staff received annual basic life support training. We also looked at records that showed that resuscitation medicines and equipment were checked on a regular basis to see they were in date or functioned correctly.

A detailed contingency plan was in place to manage any event that resulted in the practice being unable to safely provide the usual services..

Equipment

A record of maintenance of clinical and emergency equipment was in place and recorded when any items were repaired or replaced. We saw that all of the equipment had been tested and the provider had contracts in place for personal appliance tests (PAT) to be completed on an annual basis and for the routine servicing and calibration, where needed, of equipment.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective. Systems and practices were in place to ensure patients were provided with the right diagnosis and treatment. Effective arrangements had been made to support people with long term conditions and ensured timely referrals were made to specialist services when required. Patients were provided with information to make informed decisions about their treatment and care.

Our findings

Promoting Best Practice

The practice was structured, organised and had implemented systems to ensure best practice was followed. Practice was evidence based and underpinned by nationally recognised quality standards and guidance. For example the quality standards issued by the National Institute of Health and Care Excellence (NICE), guidance published by professional and expert bodies and within national health strategies were used to inform best practice at Davaar Medical Centre. It was also evident that the practice sought to be innovative in the ways best practice was developed. For example the practice started offering ambulatory blood pressure monitoring several years before it was recognized by NICE as the best way to diagnose hypertension.

Discussion with the GP's and the practice nurse, and looking at how information was recorded and reviewed, demonstrated how patients were effectively assessed, diagnosed, treated and supported. GP's and other clinical staff were conducting consultations, examinations, treatments and reviews in individual consulting rooms to preserve patients' privacy and dignity and to maintain confidentiality.

Management, monitoring and improving outcomes for people

We saw evidence of clinical audit, peer review and clinical and practice meetings to monitor and identify possible issues and improvements in respect of clinical care.. We noted that whilst clinical meetings had been regularly held these had become less so during the six months before our visit. We were told this was due to various pressures on the time available to the partner GP's. These pressures had eased and the practice anticipated reintroducing them.

The GP's and practice nurse had developed areas of expertise and took 'the lead' in particular clinical and non-clinical areas such as dementia and safeguarding children and vulnerable adults. They provided advice and support to colleagues in respect of their individual area.

All the patients we spoke with, or who provided written comments, were complimentary and positive about the quality of the care and treatment provided by the staff team at Davaar Medical Centre.

Are services effective?

(for example, treatment is effective)

Staffing

The well-established practice team comprised of clinical and non-clinical staff. Staff training records and discussions with staff demonstrated that all grades of staff were able to access regular training to enable them to develop professionally and meet the needs of patients effectively. New staff were provided with a programme of induction that included training relevant to their role. We saw that appraisals took place regularly and included a process for documenting, action planning and reviewing appraisals. GP's were supported to obtain the evidence and information required for their professional revalidation. This is where doctors demonstrate to their regulatory body, The General Medical Council, that they are up to date and fit to practice. Davaar Medical Centre was also an accredited as a GP Training Practice by the North Western Deanery of Postgraduate Medical Education, providing experience for two GP registrars. These are qualified doctors undertaking post graduate general practice training. We talked with one of the two partner GP's who provide supervision and support to the registrar GP's. They described the process whereby GP registrars were supported and supervised to ensure they are enabled to develop the required skills and knowledge to manage, monitor and improve outcomes for patients. The GP registrars we spoke with confirmed that their mentors were always available to provide help and support. Patients were therefore being treated and supported by an appropriately recruited staff team who were able to provide an effective, consistent and appropriate service.

Patients we spoke with were confident in the ability of the practice team to care for and treat them effectively. The stability of the staff team underpinned this confidence and provided consistency for patients.

Working with other services

We saw that appropriate processes were in place that ensured patients were able to access treatment and care from other health and social care providers where necessary. This included where patients had complex needs or suffered from a long term condition. There were clear mechanisms to make such referrals in a timely way and this ensured patients received effective co-ordinated and integrated care. Patients we spoke with said that where they needed to be referred to other health service providers this was discussed fully with them and they were provided with enough information to make an informed choice.

It was evident the practice was working closely with other health and social care providers to co-ordinate care and appropriately meet patients' needs. One example of this was in respect of palliative care provision. Regular multi-disciplinary meetings enabled effective end of life care to be provided that respected the wishes and met the individual needs of patients. We were told that the practice had the highest percentage in the locality of people dying at home (where this was their expressed wish). An emphasis was also placed on ensuring that wherever possible residential care patients were not moved to hospital at the end of their lives. Again this enabled them to end their lives in familiar surroundings with people they know.

This collaborative working approach included effective information sharing with the out of hour's provider in respect of patients with complex health needs. This is important to ensure continuity of care and treatment.

Health Promotion & Prevention

New patients, including children, were offered appointments to establish their medical history and current health status. This enabled the practice to identify who required extra support such as patients at risk of developing, or who already had, an existing long term condition such as diabetes, high blood pressure or asthma.

A wide range of health promotion information was available and accessible to patients particularly in the reception area and on the practice website. This was supplemented by advice and support from the clinical team at the practice. Health promotion services provided by the practice included smoking cessation services and a weight management clinic. The practice had arrangements in place to provide and monitor an immunisation and vaccination service to patients. For example we saw that childhood immunisation and influenza vaccinations were provided.

Are services caring?

Summary of findings

The service was caring. Patients told us that they were treated respectfully and their dignity and respect was observed by the staff at Davaar Medical Centre. This meant that patients felt comfortable and confident when accessing the service and that they were treated as an individual.

Our findings

Respect, Dignity, Compassion & Empathy

Comments from patients, including members of the practice participation group (PPG), reflected that the practice staff interacted with them in a positive and empathetic way. They told us that they were treated with respect, always in a polite manner and as an individual. They were listened to and concerns about their health were taken seriously. There was a person centred culture where the practice team worked in partnership with patients and their families. One person told us "The doctors are very supportive, they listen to and support you. Dignity and respect is maintained to a high standard." Another person said "The team are amazing. All have shown caring attitudes, patience and understanding. The surgery is always welcoming and clean." All other comments we received were of a similar complimentary nature.

Staff were observed to be respectful, pleasant and helpful with patients and each other during our inspection visit. All patient appointments were conducted in the privacy of individual consultation room. Where an intimate examination was required a chaperone could be readily provided and information on how to access this service was prominently displayed in the reception area.

Involvement in decisions and consent

Patients we spoke with told us that they were communicated with appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment. We found that where patients had capacity to make their own decisions an appropriate record of this was kept. Suitable support was provided to patients who were unable to make informed decisions themselves about their care and treatment. One example we looked at provided detailed how a best interests meeting was held to support a patient in decisions about treatment options for a possible life limiting illness.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive. The practice team at Davaar Medical Centre were responding to the needs of the local population. This included regularly reviewing how patients were able to access appointments in a timely way. Patient's views were regularly sought and acted upon. This meant that patients were confident the service was organised so that their views were listened, taken into account and their needs were appropriately met.

Our findings

Responding to and meeting people's needs

The Practice team had planned and implemented a service that was responsive in meeting the needs of the local patient population. The practice actively engaged with commissioners of services, local authorities, other providers, the patient participation group (PPG), and patients and those close to them to support the provision of coordinated and integrated pathways of care that meet people's needs.

Patients were able to access appointments with a named doctor where possible. Where this was not possible continuity of care was ensured by effective verbal and electronic communication between the clinical team members. Patients were able to choose to consult with a male or female doctor if they so wished. The GP's and practice nurse had developed areas of special interest and expertise and took 'the lead' in particular clinical areas. These clinical areas included considering the particular needs of patients who were vulnerable such as people with long term health conditions, dementia, learning disabilities and older people. Clear and well organised systems were in place to ensure these vulnerable patient groups were able to access medical screening services such as for monitoring long term illnesses, smoking cessation, weight management, immunisation programmes, anticoagulation clinics or cervical screening.

Arrangements were in place to access a language translation service where this was required.

We saw that the practice carried out regular checks on how it was responding to patients' medical needs. This activity analysis was shared with the local CCG and formed a part of the quality framework. It also assisted the clinicians to check that all relevant patients had been called in for a review of their health conditions and for completion of medication reviews.

All the patients we spoke with, or who provided written comments, were positive about the practice being responsive in meeting their needs. One person said "The service I have received from the doctor has been excellent and they provided lots of information, did a quick referral, and were very reassuring and supportive." Another person said "This practice is first class and has met my (and all my

Are services responsive to people's needs?

(for example, to feedback?)

family's) needs. I have needed investigations and hospital care. All the doctors here explain everything and are very pleasant and helpful." Other comments provided were of a similar and complementary nature.

Access to the service

An action plan had been developed and implemented following expressions of dissatisfaction with waiting times and the appointment system identified in the practice's most recent patient satisfaction survey. Patients were able to access same day appointments, early morning and evening surgeries and telephone consultations. The practice was also in the process of recruiting an additional practice nurse to ease pressures on clinical staff and improve access for patients. However we received no negative comments in respect of patients accessing the service either directly from patients we spoke with or in comment cards we received.

Davaar Medical Centre opening times were prominently displayed in the practice and detailed on the practice website. Patients who contacted the practice outside of regular working hours were provided with a recorded message detailing how to contact the GP out of hour's service if required.

Home visits were also provided for patients who were housebound or had a severe illness that made them too unwell to come to the practice. The practice was also committed to involving patients in their healthcare as much as possible. This included enabling patients to access information contained in their medical records. The practice website provided patients with information and advice about how they could gain such access.

A suitable system to manage repeat prescriptions was in place. This included conducting a medication review with patients on long term medicines at the practice at least once a year.

Concerns & Complaints

A written complaints procedure was in operation and patients were actively encouraged to provide feedback about their treatment and care. The complaints procedure was readily available to patients and others and advised them how to make a complaint. We looked at documentation detailing how complaints were managed. We saw that where complaints had occurred they were investigated and responded to in a timely way. The complainant was communicated with and responded to directly to acknowledge and attempt to resolve the issue satisfactorily. Staff we spoke with expressed the view that they were confident complaints were taken seriously, were learnt from and used review and improve the services provided.

Patients we spoke with did not raise any concerns or complaints. However they did know how they could raise these if required.

Are services well-led?

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

Summary of findings

The service was well-led. The practice team was well organised and effectively managed. There were clear lines of responsibilities and accountability at all levels and there was a culture of openness and consultation. Staff were supported with regular training and support and regular checks (audits) were conducted to measure, review and improve the systems and practices in operation. This meant that patients benefitted from a service where the management and governance arrangements sought to assure the delivery of high quality person-centred care, supported learning and innovation, and promoted an open and fair culture.

Our findings

Leadership & Culture

There was a well-established leadership structure with clear allocation of responsibilities amongst the partner GP's and the practice team. We saw evidence that showed the service engaged with the local Clinical Commissioning Group (CCG) on a regular basis to discuss current performance issues and how to adapt the service to meet the demands of local people.

The lead GP described to us a clear value system which provided the foundations for ensuring the delivery of a high quality service to patients. The culture at the practice was one that was open and fair. Discussion with members of the practice team, the patient participation group and patients generally demonstrated this perception of the practice was an accurate one.

Governance Arrangements

There were clearly defined lines of responsibility and accountability for the clinical and non-clinical staff. We found that the recently appointed practice manager and GP partners were in the process of reviewing and improving comprehensive systems for monitoring all aspects of the service. This was to maximise effective governance, plan future developments and to make improvements to the service. The practice actively encouraged patients to be involved in shaping the service through the contribution of the patient led patient participation group. The provider responded proactively to patients' comments and surveys and adopted a patient centred approach to delivering care and treatment. We found that the GP partners and practice team staff constantly challenged existing arrangements and looked to continuously improve the service being offered. These arrangements supported the governance and quality assurance measures taken at the practice and enabled appropriately trained staff to review and improve the quality of the services provided.

Systems to monitor and improve quality & improvement

There were clearly defined roles and responsibilities identified for the GP partners. The GP's and practice team had developed areas of expertise and took 'the lead' in particular clinical areas and non-clinical areas within the practice. These arrangements were supported by a system of documented clinical governance and quality checks (audits) that demonstrated safe, effective, responsive and

Are services well-led?

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

well-led services continued to be provided and where improvement was needed. We looked at the documentation relating to a range of such checks such as clinical audits, infection prevention audits, medicines storage checks that included emergency medicines and equipment and environmental and equipment checks including fire safety equipment where these had been completed. Where issues were found appropriate actions were identified, implemented and reviewed apart from the most recent infection prevention/control audit. Whilst there was evidence of clinical audits having been completed we were told that there was no planned clinical audit programme in place.

A detailed practice development plan was in place. This incorporated a review of the health statistics for Tameside compared to patient disease prevalence rates in the practice. This enabled the practice to identify specific areas in which the practice could improve the quality of care being provided. In consultation with the practice team and patient participation group short, medium and long-term objectives were identified in 2012 to achieve those improvements. It was acknowledged by the practice that the practice development plan was due to be reviewed and that this could incorporate the outcome of the review of some of the documentation and organisational practices being undertaken by the recently appointed practice manager and the team.

Systems for monitoring the on going fitness of clinicians to practice were in place and routine checks that their registrations with their professional regulatory body remained current. Action had been taken to ensure medicine and other safety alerts received were shared with all GPs and the nurse prescriber.

Patient Experience & Involvement

We received fourteen completed patient comment cards and spoke with twenty three patients on the day of our visit (including eight members of the patient participation group). We spoke with people from various age groups and with people who had different health care needs. Patients were very positive about the care and treatment provided by the clinical staff and the assistance provided by other members of the practice team. They also told us that they were treated with respect and their privacy and dignity were maintained

The 2013 practice patient survey and comments on the NHS choices website reflected high levels of satisfaction with the services provided at Davaar Medical Centre. The practice had also conducted their own survey. Whilst this too revealed high levels of satisfaction with the service there was some dissatisfaction in relation to accessing appointments. However the provider had taken this as an opportunity to, in consultation with patients, improve access to appointments.

We spoke with the patient participation group (PPG) who were meeting at the practice on the day of our visit. They told us that they were a very independent 'patient led' group and that they worked in collaboration with the practice team to identify issues quickly, explore ways of resolving them and enhance patient experience and involvement at the practice. This had been achieved through effective lines of communication with the GP partners and practice team. The PPG members spoken with told us that their views were valued, respected and responded to positively. The PPG had a major role in the development of the patient garden. This facility was adjacent to the reception area and provided a well maintained and tranquil garden space for patients to access. Many of the patients spoken to expressed their appreciation of this facility. More recently the PPG had also contributed views and support to the practice team in relation to making improvements to the appointments system and identifying the benefits of recruiting an additional practice nurse.

Davaar Medical Centre was actively enabling patients (via its website) to register to access their medical records online. This enabled patients who chose to do so to participate more fully in understanding their treatment and manage their healthcare more effectively.

Staff engagement & Involvement

The GP partners and practice staff we spoke with clearly understood their roles and responsibilities to ensure the service they provided to patients was of a high standard. The open and fair culture enabled staff to put forward their views and all we spoke with said these were respected, valued and responded to positively. Staff were aware of the whistleblowing policy and told us that they were confident they would be appropriately supported if they needed to raise concerns in this way.

Staff we spoke with and the documents reviewed showed that they had attended staff meetings and these provided them with the opportunity to discuss the service being delivered. However we were told that the frequency of

Are services well-led?

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

these meetings had slipped for a period due various pressures on the time available to the partner GP's. These pressures had eased and we saw records that practice meetings had been held in the two months prior to our inspection visit.

Learning & Improvement

Individual and team learning objectives to be established that formed the basis for planning and developing staff training provision at the practice. We looked at records that demonstrated clinical and non-clinical staff had annual appraisals and staff we spoke with confirmed they had regular one to one meetings that supported their learning and development needs. These arrangements supported the governance and quality assurance measures taken at the practice and enabled appropriately trained staff to review and improve the quality of the services provided.

Identification & Management of Risk

The governance and quality assurance arrangements at the practice combined with the open and fair culture enabled risks to be assessed and effectively managed in a timely way. By effectively monitoring and responding to risk patients and staff were being kept safe from harm. Patients we spoke with expressed confidence in the ability of the practice team to keep them safe and treat them properly.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

This population group was provided with a service that was safe, effective, caring, responsive and well-led. We found that treatment and care was personalised to the individual's needs and circumstances, including their personal expectations, values and choices.

Our findings

Older people were able to register with the practice and access the services provided to meet their general and specific health needs. Home visits were provided, after a telephone clinical assessment, for older people who were housebound or those too ill to attend the practice. Designated older persons clinics were held regularly and the practice was aspiring to ensure each older patient had a named GP.

Whilst all the clinical team provided care and treatment to older people one of the GP partners provided the lead in providing GP support to people who lived in care homes and support and medical advice to patients diagnosed with dementia. Close links had been established with one particular care home with a high percentage of residents registered at Davaar Medical Centre which enabled the development of a joint approach to support those in residential care more effectively. Where older patients had been admitted to hospital those admissions were reviewed to seek ways of preventing the need for re-admission.

The palliative care needs of patients were also a priority of the practice team. By regularly engaging with health and social care services in the community patients nearing the end of their life were able to be cared for and supported where they lived rather than be admitted to hospital. We were told that the practice had the highest percentage of people being supported to end their life at home in the locality.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

This population group was provided with a service that was safe, effective, caring, responsive and well-led. The practice team had ensured patients in this group were supported appropriately, regularly reviewed and that their care was co-ordinated with other medical and social care professionals.

Our findings

People with long term conditions were able to register with the practice and access the services provided to meet their general and specific health needs. Home visits were provided, after a telephone clinical assessment, where a patient was housebound or too ill to attend the practice.

Whilst all the clinical team provided care and treatment to patients with long term conditions individual GP's took the lead to support and provide medical advice in respect of a range of conditions. Patients in this group were able to access appropriate medical support to monitor and treat their condition regularly and appropriately. For example specific arrangements were in place for supporting people with diabetes that included a patient diabetic support group, asthma, blood clotting disorders and arthritis. To support this a system was in place to prompt practice staff to recall patients to monitor their long term conditions closely. The practice liaised closely with specialist medical services outside the practice, in hospital or the community, to ensure patients' long term conditions were managed appropriately. Where patients with long term conditions had been admitted to hospital those admissions were reviewed to seek ways of preventing the need for re-admission.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

This population group was provided with a service that was safe, effective, caring, responsive and well-led. A wide range of systems and services were in place to ensure that the diverse and specialist needs of this population group were being met appropriately.

Our findings

People in this population group were able to register with the practice and access the services provided to meet their general and specific health needs. Home visits were provided, after a telephone clinical assessment, where a patient was housebound or too ill to attend the practice.

Whilst all the clinical team provided care and treatment to patients in this group the GP's took the lead in providing support and medical opinion for particular sub-groups such as pregnant women, women requiring post natal support and children. Patients in this group were able to access appropriate medical support to provide advice and treat their condition regularly and appropriately. For example specific provision was made at the practice in respect of specialist ante natal clinics, childhood immunisation clinics and contraception services. Practice staff worked closely with midwives, health visitors, school nurses and other health care professionals to ensure this group received appropriate care and treatment.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

This population group was provided with a service that was safe, effective, caring, responsive and well-led. The appointments system was monitored, reviewed and amended by the provider to try to maximise timely access to services.

Our findings

People in this population group were able to register with the practice and access the services provided to meet their general and specific health needs. Home visits were provided, after a telephone clinical assessment, where a patient was housebound or too ill to attend the practice.

Whilst all the clinical team provided care and treatment to patients in this group the GP partners took the lead in providing support and medical opinion for specific medical conditions and screening that could possibly be experienced by this population group. For example in respect of the prevention and management of cardio-vascular disease, obesity and diabetes. Early morning and after work appointments were made available for this group.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

This population group was provided with a service that was safe, effective, caring, responsive and well-led. There were no barriers to accessing GP services for this population group.

Our findings

People in this population group were able to register with the practice and access the services provided to meet their general and specific health needs. Home visits were provided, after a telephone clinical assessment, where a patient was housebound or too ill to attend the practice.

Whilst all the clinical team provided care and treatment to patients in this group the GP partners took the lead in providing support and medical opinion for specific medical conditions and screening that could possibly be experienced by this population group. This included specific provision in relation to identifying and supporting people with learning disabilities, alcohol problems, taking action to protect vulnerable children and adults and providing support and medical opinion in relation to sexual health.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

This population group was provided with a service that was safe, effective, caring, responsive and well-led. There were no barriers to people with poor mental health accessing services. Suitable systems were in place to enable timely and appropriate referrals to be made to specialist community mental health service.

Our findings

People experiencing poor mental health were able to register with the practice and access the services provided to meet their general and specific health needs. Home visits were provided, after a telephone clinical assessment, where a patient was housebound or too ill to attend the practice.

All the clinical team provided GP care and treatment to patients experiencing poor mental health. Patients in this group were referred to specialised hospital and community based mental health services when it was appropriate to do so.