

# Redbank Group Practice

## Quality Report

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Date of inspection visit: 10 May 2016  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Redbank Medical Practice on 10 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients reported they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients reported 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- We did not speak with any patients during the inspection as none were available. We looked at the Friends and Family test results for January, February and March of 2016. The results indicated that patients were overwhelmingly 'extremely likely' to recommend the practice to their friends and family.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were for the most part at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- While administrative staff had not had a formal appraisal of their work last year, they had met with their line manager to discuss their work and training needs. Arrangements were in place for all staff to have an appraisal of their work in 2016.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients reported through the CQC comment cards that 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.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients reported 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

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

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over 75 years old have a named GP.
- The building was accessible for patients who may have mobility problems.
- Influenza, pneumococcal and shingles vaccination clinics were available to those patients over 65 years of age.
- All patients registered with the practice and residing in the nursing homes supported by the practice have a care plan in place and have weekly visits by a nominated clinician.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- The management and monitoring of long term conditions was up to date
- Patients with long term conditions which may leave them at increased risk of hospital admission were covered by the unplanned admission scheme.
- Housebound patients had their health care needs reviewed at home.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 high for all standard childhood immunisations.
- 85% of women aged 25-64 have received a cervical screening test in the preceding 5 years. This is compared to the CCG average of 82% and the national average 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, health visitors and school nurses.
- A full range of family planning services were available on site including implants and coil fitting and removal
- All staff were up to date with safeguarding training.
- Emergency on the day appointments were available for children.
- An onsite midwife led antenatal clinic provided shared care services closely linked with the health visitors and safeguarding team.
- Staff worked closely with local children's centres and Sure Start.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Practice nurse and health care assistant appointments were available from 8am.
- Routine GP appointments were available to pre-book in advance from 8am.
- NHS health checks were actively promoted.
- New patients, aged 40-74 years, were routinely offered an NHS health checks.

Good



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

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

Good



# Summary of findings

- The practice offered longer appointments to 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. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Reception staff were alerted via the IT system to patients who did not collect their prescriptions.
- GPs worked with and refer patients to local drug and alcohol services.
- Patients who do not attend for secondary and primary care were monitored and provided with follow-up appointments.
- Home visits and telephone consultation were available as necessary.

## People experiencing poor mental health (including people with dementia)

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This is compared to the CCG average of 89% and the national average of 84%.
- 87% 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. This is compared to the CCG average of 91% 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.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Longer appointment were provided as needed

Good



# Summary of findings

- Annual reviews were available for patients with complex mental health needs with care plans.
- Annual reviews were carried out with patients with dementia.
- Carers were fully involved in planning and decision making where appropriate and were well supported.



# 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 in line with local and national averages. 336 survey forms were distributed and 104 were returned. This was a completion rate of 31% and represented 1.02% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG of 78% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Patients said the practice was clean and bright and they did not have to wait long for their appointment. They said they did not feel hurried during their consultation and were treated with dignity and respect. Patients described the GPs as efficient, caring and good

listeners. They said the nursing staff were caring and compassionate. They commented the practice was well managed. Patients described reception staff as friendly and helpful. One patient commented they felt safe and confident when treated at the practice.

We did not speak with any patients during the inspection as none were available. We looked at the Friends and Family test results for January, February and March of 2016. The results indicated that patients were overwhelmingly 'extremely likely' to recommend the practice to their friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

- The practice should complete the process of obtaining Disclosing and Barring Service checks or completing risk assessments for reception staff that are to act as chaperones.
- A record should be kept of the vaccination stocks to ensure they can be monitored for their safe use.

# Redbank Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an expert by experience.

## Background to Redbank Group Practice

Redbank Medical Practice is based in Radcliffe, Manchester M26 2SP. Redbank Medical Practice is located in Radcliffe, Bury, Greater Manchester. The practice is part of the Redbank Medical

Group which includes The RLC Medical Practice and Mile Lane Surgery. The practice is located in the same building and adjacent to The RLC Medical Practice and they share the same medical, nursing and administrative / reception staff. The practice is located in a modern, purpose built health centre. There is easy access to the building and disabled facilities are provided. There is a car park at the side of the building with four disabled parking bays. The practice is located on a bus route which runs from Bury town centre.

There are six GPs working at the practice. Two of the GPs are partners, both male, and four are salaried GPs, all female. The GPs work between four and ten sessions per week.

The nursing team comprises of:

A group lead nurse (full time)

An assistant nurse practitioner (full time)

Two nurse practitioners (full time),

Two practice nurses (one full time and one part time),

A practice nurse (part time)

A health care assistant (part time)

A phlebotomist (part time).

There is a practice manager (who is also a practice director) and a large team of administrative / reception staff.

The practice has established an enhanced training practice hub for pre-registration nurses, paramedics and advanced practitioners in conjunction with Health Education North West. This is a group initiative with students that commenced in March 2016. The practice had worked hard and enthusiastically to become a good learning environment.

The practice is open between 8am and 6.30pm Monday to Friday. Appointment times are between 8am and 12 noon and 3pm and 6pm Monday to Friday, excluding Wednesday afternoon when only emergency appointments are available.

The practice is part of the Bury extended working hours scheme which means patients can access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays. Patients requiring a GP outside of normal working hours are advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

The practice has a Personal Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

# Detailed findings

There are 10,114 patients registered at the practice. 9% of patients are aged 75 years and above, 18% of patients are aged 15 years and under and 91% of patients are aged 75 years and under.

## 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 10 May 2016. During our visit we:

- spoke with a range of staff including two GPs, the practice manager, two nursing staff and two reception staff.

- reviewed comment cards where patients shared their views and experiences of the service.
- reviewed policies, audits, personnel records and other documents relating to the running of the practice.

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and informed other agencies of incidents as necessary.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities

and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. Clinical staff who acted as chaperones were trained for the role or had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Occasionally, reception staff acted as a chaperone. Although they had received in house training for this role they were not all DBS checked. This issue was in the process of being addressed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. A record should be kept of the vaccination stocks to ensure they can be monitored for their safe use.
- Several nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

## Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
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- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
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# Are services effective?

(for example, treatment is effective)

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

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- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented the reception staff were friendly and helpful and clinical staff were caring, good listeners and compassionate.

We did not speak with any patients during the inspection as none were available.

We spoke with the chairman of the patient participation group (PPG) who was also a patient at the practice. They also told us they were satisfied with the care provided by the practice.

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

- 95% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 88% 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 the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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

Patient feedback from the comment cards we received indicated that patients felt involved in decision making about the care and treatment they received. They reported 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.

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,

- 89% 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%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the 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 the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format if necessary.



## Are services caring?

- Information about different health care issues was available. However, there was no information about community services such as drug and alcohol services, and mental health services.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 114 patients as carers (1.13% of the practice list). Written information was available to direct carers to the various avenues of support available to them. They were also offered an annual health check.

Staff told us that if families had suffered bereavement, their usual GP contacted them. They were offered a consultation at a flexible time and location to meet the family's needs. They were given information and advice on how to find support services.

# 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.

- Referrals were made to secondary care within a two week time frame. Staff audit these referrals. This has resulted in a lower patient attendance at A & E and the local Walk in Centre, and the use of the out of hour's service.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice manager was making arrangements for the Lesbian Gay, Bisexual and Transgender (LGBT) Foundation to visit the practice to carry out an assessment of the service provided to this group of patients to ensure their health care needs were met. This assessment included training for staff on LGBT health care awareness.
- Adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. A Disability Discrimination Act assessment had been carried out on the building. There was a hearing loop in the patient waiting area and wider doorways were provided. There was a lower desk at reception so patients using a wheelchair could speak with staff more easily.
- Staff recognised patient's individual health care issues and arrangements were had been made to communicate with them in their preferred method, for example, by email.
- The practice worked in partnership with Bury Council to provide the support service called A Better Life for You.

This initiative operated from the practice three days a week from 9am to 5pm. The service offered patients information about training and education, returning to work, quicker access to talking therapies for anxiety and depression, and debt and money advice.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointment times were between 8am and 12 noon and 3pm and 6pm Monday to Friday, excluding Wednesday afternoon when only emergency appointments were available.

The practice was part of the Bury extended working hours scheme which meant patients could access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays. Patients requiring a GP outside of normal working hours were advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. Patients could also book appointments online.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was done, for example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a copy of the complaint procedure was displayed at the reception desk in the patient waiting area and also available on the practice website.

We looked at a complaint log for 2015 / 2016 and found complaints were investigated and responded to in a timely way. We were informed that lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. We found the complaints information would benefit from being recorded more clearly in order to demonstrate the stages of complaint investigations, lessons learned and actions taken.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a strategy and supporting business plan which reflected the vision and values and were regularly monitored.
- The practice worked well in keeping with their mission statement which was to deliver quality healthcare to all its patients. Patients consistently told us via the CQC comment cards that they were happy with the care and support they received. Staff reported they enjoyed their work and felt supported in their role and patients' views were actively promoted through the Patient Participation Group (PPG).

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- GPs had lead clinical responsibilities and also for other areas such as incident reporting and complaints.

### Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings. This meant staff were kept up to date with information about the management of the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

# Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, improving patient access to the waiting area. The PPG chairman told us the group met regularly with the practice staff to talk about issues relating to the service provided to patients and confirmed the staff listened and took on board the group's ideas and suggestions. For example, alterations were made to the practice's fixtures and fittings to ease patients' access to the waiting area. Speakers were sometime invited to the PPG meetings to discuss community health developments. For example, Bury Clinical Commissioning Group lead for community engagement.

- The practice had gathered feedback from staff through staff meetings and regular discussions. Staff told us they felt comfortable giving feedback and discussing any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- There was a focus on improving staff training across all roles in the practice.
- A nurse practitioner within the Redbank Group (the provider) had recently taken on the role of lead nurse for the organisation. She was responsible for supporting nursing staff with training, clinical supervision and appraisal. A GP buddy system was in place to further support nursing staff in their role.
- Plans were being made to train nursing staff to support patients with long term conditions such as anxiety and depression.
- The practice aimed to achieve the gold standard Pride in Practice award for health care services to lesbian, gay, bisexual and transgender (LGBT) patients. This initiative acknowledges the standard of service provided in lesbian, gay and bisexual healthcare and provides staff with training on LGBT health care awareness.
- The practice had recently established an enhanced training practice hub for pre-registration nurses, paramedics and advanced practitioners in conjunction with Health Education North West. This was practice group initiative and commenced with students in March 2016.