

St Mary's 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.

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 St Mary's Medical Centre on 25 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 25 July 2016 inspection can be found by selecting the 'all reports' link St Mary's Medical Centre on our website at www.cqc.org.uk. At that inspection the practice did not have effective systems to manage the following:

- Legionella and fire safety risk assessments had not been completed.
- Complaints were not managed effectively.
- The quality of the service was not managed for the purpose of making improvements.
- Staff training was not monitored.
- The provider did not have a system to follow when a Disclosure and Barring Service (DBS) check was received provided negative information about potential employees.

- Practice specific policies were not in place for the prevention and control of infection.
- The provider did not have procedures in place to monitor all blank prescriptions, including those in printers.

Within an agreed timescale the practice submitted an action plan which demonstrated they are now meeting the requirement notices from this inspection.

We carried out this announced follow up comprehensive inspection at St Mary's Medical Practice on 10 August 2017 to ensure the issues identified at the previous inspection had been met. The practice had addressed the breaches of regulation and was now compliant with all regulations. This report covers our findings in relation to those improvements and also additional findings at this inspection. Overall the practice is now 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 a system in place for reporting and recording significant events.

Summary of findings

- The practice had clearly defined and embedded systems to minimise risks to patient safety. For example, fire safety and the prevention of legionella.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Staff were provided with relevant training which was monitored to ensure they kept up to date with changing care practices and new ways of working.
- The provider had a system to follow when a Disclosure and Barring Service (DBS) check was received which provided negative information about potential employees.
- Practice specific policies were in place for the prevention and control of infection.
- The provider had procedures in place to monitor all blank prescriptions, including those in printers.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Patient care plans should be streamlined to ensure the copy recorded on the practice IT system was the same as the copy given to the patient.
- The practice nurse induction programme should be developed to outline staffs role and responsibilities.
- The information given to patients about how to make a complaint should include details of the ombudsman.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events with lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. The safeguarding procedures had been updated to reflect relevant legislation and local requirements.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents

Are services effective?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events with lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. The safeguarding procedures had been updated to reflect relevant legislation and local requirements.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Summary of findings

- The practice had adequate arrangements to respond to emergencies and major incidents

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.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- The CQC comment cards we received were overwhelmingly positive about the standard of care received. Patients said the staff were caring and treated them with dignity and respect and the environment was safe and hygienic. Patients told us that their needs were responded to with the right care and treatment at the right time. Two patients commented that they were unhappy with the service they received.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, interpretation services were available for patients whose first language was not English and longer appointments were available for people with mental health problems.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded 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.

Good



Summary of findings

- 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits by members of the practice including the practice nurse and GP's.
- Urgent appointments for those patients with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with other health care professionals such as district nurses.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, health checks for patients over 75 year included a dementia check.
- Patients aged over 75 years had a named GP.
- The building was accessible for patients with mobility problems.
- Disabled car parking space was available.
- Vaccination clinics were held to administer the influenza and pneumococcal vaccination.
- Patients who were socially isolated and bereaved etc. were referred to Age Concern which offered a befriending service.
- The new patient questionnaire included questions about whether the patient had a carer. Carers were signposted to other support services

People with long term conditions

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

Good



Summary of findings

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from 2015/2016 indicated that the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 58%. This was compared to the CCG average of 76% and the national average of 78%. On the day of the inspection we were given more recent data (2016/2017) to indicate this figure had improved to 63%. While we were unable to compare this to the CCG and national average for this period, it demonstrated an improvement in this area of care since the last inspection.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs. Patients who did not attend their appointments were also followed up and offered another appointment.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their individual health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health care professionals to deliver a multidisciplinary package of care.
- The data governance administrator monitored disease registers and encouraged patients to attend their annual review. There was a personalised approach to this work and consequently the uptake of annual reviews had increased.
- Vaccination clinics were held to administer the influenza and pneumococcal vaccination to those at risk. This was also done opportunistically.
- A policy was being formulated to offer patients with long-term conditions a face to face review following an accident and emergency (A&E) attendance or non-elective admission.
- Diabetic specialist nurses were invited to participate in clinics supporting practice nurses.

Families, children and young people

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Good



Summary of findings

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- Diabetic specialist nurses were invited to participate in clinics supporting practice nurses.

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 this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone consultations were available.
- Appointments between 6.30 pm and 8.00 pm and 10.00 am and 2.00 pm on a Saturday and Sunday available with the Oldham 7 day access service GotoDoc.
- The practice planned to trial video consultations for the Oldham Clinical Commissioning Group.

People whose circumstances may make them vulnerable

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

Good



- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone consultations were available.
- Appointments between 6.30 pm and 8.00 pm and 10.00 am and 2.00 pm on a Saturday and Sunday available with the Oldham 7 day access service GotoDoc.
- The practice planned to trial video consultations for the Oldham Clinical Commissioning Group.
- A mental health worker from the MIND organisation provided a weekly afternoon clinic.
- Staff used an interpretation service for patients whose first language was not English.

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).

Good



- The practice carried out advanced care planning for patients living with dementia. For example, data from 2015/2016 indicated that 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was lower than the CCG average of 82% and the national average of 84%.
- Data from 2015/2016 indicated that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in

Summary of findings

the preceding 12 months was 73% which was lower than the CCG average of 89% and the national average of 89%. On the day of the inspection we were given more recent data (2016/2017) to indicate this figure had improved to 98%. While we were unable to compare this to the CCG and national average for this period it demonstrated an improvement in this area of care since the last inspection.

- Data from 2015/2016 indicated that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months 78% which was lower than the CCG average of 88% and the national average of 89%. On the day of the inspection we were given more recent data (2016/2017) to indicate this figure had improved to 96%. While we were unable to compare this to the CCG and national average for this period, it demonstrated an improvement in this area of care since the last inspection.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- There was a lead GP for dementia care.
- A mental health worker from the MIND organisation ran a weekly afternoon session from the practice.
- Longer appointments were available for patients with mental health issues.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 307 survey forms were distributed and 107 were returned. This represented 2.1% of the practice's patient list.

- 86% of patients described the overall experience of this GP practice as good compared with the CCG and national average of 85%.
- 92% of patients described their experience of making an appointment as good compared with the CCG and national average of 73%.
- 85% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 79% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were overwhelmingly positive about the standard of care received. Patients said the staff were caring and treated

them with dignity and respect and the environment was safe and hygienic. Patients told us that their needs were responded to with the right care and treatment at the right time. Two patients said that they were unhappy with the service they received.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They praised the staff for being professional, friendly and flexible. They said the GPs were very caring and listened to what they had to say and they always had enough time to talk about their health care issues during their consultation.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gave every patient the opportunity to feed back on the quality of care they had received. Results from the patient responses received in May, June and July 2017 showed the majority of patients would be 'extremely likely' and 'likely' to recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Patient care plans should be streamlined to ensure the copy recorded on the practice IT system was the same as the copy given to the patient.
- The practice nurse induction programme should be developed to outline staffs role and responsibilities.
- The information given to patients about how to make a complaint should include details of the ombudsman.

St Mary's Medical Centre

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 second CQC inspector and a GP specialist adviser.

Background to St Mary's Medical Centre

St Mary's Medical Centre is located close to Oldham town centre. The practice provides services from a purpose built two storey building. Consulting rooms are on the ground floor only. There is a car park with space for disabled parking.

At the time of our inspection there were 4893 patients registered with the practice. The practice is a member of NHS Oldham Clinical Commissioning Group (CCG) and delivers commissioned services under the Personal Medical Services (PMS) contract. The practice is a teaching and training practice for medical students and registrars.

There are three GP partners, two male and one female and a male salaried GP. They work between four and eight sessions per week. There are three practice nurses and a healthcare assistant. All of these staff are female and work part time. There is also a practice manager and administrative and reception team.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available:

Monday: 9.00 am - 11.48 am and 3.00 pm - 5.48 pm

Tuesday: 9.00 am - 12.00 pm and 3.00 pm - 5.30 pm

Wednesday: 9.00 am - 11.48 am and 3.00 pm - 6.00 pm

Thursday: 9.00 am - 11.48 am and 3.30 pm - 5.30 pm

Friday: 9.00 am - 11.30 and 3.00 pm - 5.30 pm

Extended hours are not provided at the practice. This service is provided by the Oldham 7 day access service (GotoDoc) which provides GP appointments between 6.30 pm and 8.00 pm Monday to Friday and between 10.00 am and 2.00 pm on a Saturday and Sunday. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

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.

A previous inspection had been carried out on 25 July 2016 and as a result requirement notices had been issued to the practice. This inspection was also to check the required improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for example, NHS Oldham Clinical Commissioning Group to share what they knew.

Detailed findings

We carried out an announced visit on 10 August 2017.

During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the practice nurse and reception and administration staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our previous inspection on 25 July 2016, we rated the practice as requires improvement for providing safe services. The arrangements in respect of ensuring the good management of policies and procedures, staff training, staff recruitment procedures and health and safety procedures such as fire safety, were not implemented well enough to deliver a safe service.

These arrangements had improved when we undertook this full comprehensive inspection on 10 August 2017. The practice is now rated as good for providing a safe service.

Safe track record and learning

There was a system 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a missed diagnosis of cancer was discussed with the patient and their family and an inappropriate testing of urine was discussed with the staff team for the purpose of learning. The practice policy was changed following a patient being admitted to hospital and their relative not being informed on the day.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 child and adult safeguarding. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and 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. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being handed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy team, 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 to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccinations and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books 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 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

At our previous inspection on 25 July 2016, we rated the practice as requires improvement for providing effective services. The arrangements in respect of managing staff training, patient care plans, and the quality of services provided were not implemented well enough to deliver an effective service. These arrangements had improved when we undertook this full comprehensive inspection on 10 August 2017. The practice is now rated as good for providing an effective service.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%.

The overall exception rate for the practice was 3% which was lower than the CCG average of 5% and the national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

Performance for diabetes related indicators was lower than the CCG and national averages. For example, the

percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 58% compared to the CCG average of 76% and the national average of 78%. On the day of the inspection we were given more recent data (2016/2017) to indicate this figure had improved to 63%. While we were unable to compare this to the CCG and national average for this period, it demonstrated an improvement in this area of care since the last inspection.

Performance for hypertension related indicators was lower than the CCG and national averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 78% compared to the CCG average of 82% and the national average of 83%. On the day of the inspection we were given more recent data (2016/2017) to indicate this figure had improved to 82%. While we were unable to compare this to the CCG and national average for this period, it demonstrated an improvement in this area of care since the last inspection.

There was evidence of quality improvement including clinical audit:

- We looked at two clinical audits commenced in the last two years. These were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, one audit looked at patients with arterial fibrillation with no clinical intervention. This audit showed improvement in the number of patients receiving treatment which would reduce the likelihood of patients having a stroke. The second audit reviewed the number of patients who repeatedly attended A&E. Letters were sent to patients following their attendance at A&E in order to review how their care needs could be addressed by the practice. This work was ongoing and showed a reduction in the number of patients attending accident and emergency.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as

Are services effective?

(for example, treatment is effective)

safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The induction programme for nursing staff should be developed in light of the practice planning to recruit a practice nurse from a nursing employment agency.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included risk assessments, care plans, medical records and investigation and test results. We saw some evidence of handwritten care plans. While these were well completed, they were not the same as the care plan given to the patient to take home.
- From the sample of minutes of meetings that we reviewed, we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. A mental health worker from the MIND organisation provided a weekly afternoon session. Patients were referred to these sessions by the GP and were provided with support and advice on how to improve their overall mental health. Patients were also signposted to other relevant services through the practice website and information was displayed in the patient waiting area.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG and national average of 81%.

The practice demonstrated how they encouraged uptake of the screening programme. There was a policy to offer telephone and personal written reminders for patients who did not attend for their cervical screening test which was in addition to the formal letters sent from the external company coordinating these tests. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccinations given were comparable to CCG/ national averages. For example, rates for the vaccinations given to under two year olds ranged from 98% to 100%. For five year olds this was 97%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We received 47 comment cards which were overwhelmingly positive about the standard of care received. Patients said the staff were caring and treated them with dignity and respect and the environment was safe and hygienic. Patients told us that their needs were responded to with the right care and treatment at the right time. Two patients said that they were unhappy with the service they received.

We spoke with six patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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 with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 and above local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.

Are services caring?

- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared with 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 interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Healthcare information leaflets were available.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 157 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP sent them a sympathy card. This was either followed by a patient consultation at a flexible time or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 25 July 2016, we rated the practice as requires improvement for providing responsive services. The arrangements in respect of managing complaints were not implemented well enough to deliver a responsive service. These arrangements had improved when we undertook this full comprehensive inspection on 10 August 2017. The practice is now rated as good for providing a responsive service.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities and interpretation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available:

Monday: 9.00 am - 11.48 am and 3.00 pm - 5.48 pm

Tuesday: 9.00 am - 12.00 pm and 3.00 pm - 5.30 pm

Wednesday: 9.00 am - 11.48 am and 3.00 pm - 6.00 pm

Thursday: 9.00 am - 11.48 am and 3.30 pm - 5.30 pm

Friday: 9.00 am - 11.30 and 3.00 pm - 5.30 pm

Extended hours were not provided at the practice. This service was provided by the Oldham 7 day access service GotoDoc which provided GP appointments between 6.30 pm and 8.00 pm Monday to Friday and between 10.00 am and 2.00 pm on a Saturday and Sunday. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and national average of 76%.
- 97% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 92% of patients described their experience of making an appointment as good compared with the CCG and national average of 73%.
- 50% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention, 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.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

- Its complaints policy and procedures were in line with recognised guidance.
- 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 although it did not include details about the ombudsman who patients could contact if they were unhappy with the outcome of their complaint.
- The patients we spoke with told us they would speak with a senior member of staff if they were unhappy with the standard of service they received.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. Lessons were learned from individual concerns and complaints to improve the quality of care.

Are services well-led?

Good 

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

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