

# Northern Health GPP0 (Whitley Road Medical Centre)

## Inspection report

Whitley Road Medical Centre  
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Collyhurst  
Manchester  
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[www.nhgppo.co.uk](http://www.nhgppo.co.uk)

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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Whitley Road Medical Centre on 11 December 2019. The inspection was carried out as part of our inspection programme.

The service is an extended hours GP service and is part of a network of alliance locations which offer extended GP cover across North Manchester.

At this inspection we found:

- There was an open culture in which all safety concerns raised by staff and people who used the service were highly valued and integrated into learning with improvements made.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and staff, which was regularly reviewed and discussed
- There were clearly defined and bespoke embedded systems, processes and practices in place to keep staff and patients safe.
- The service had strong and visible clinical and managerial leadership and governance arrangements.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- A clear system was in place for patients accessing appointments, with a choice to be added to a cancellation waiting list.

- Staff involved and treated people with compassion, kindness, dignity and respect

We saw several outstanding areas

- On the 22nd May 2017 Manchester Arena was bombed. The Federation provided Managerial and GP support and were the first responders on site at the “Help Centre” set up at the Etihad Football Stadium in the hours directly following the bombing. Clinical and non-clinical staff were dealing with and assisting the injured, traumatised and bereaved, whilst providing medical consultations, examination and emergency medication. The NHGPPO continued to provide additional appointments in all five Hubs to help alleviate the pressure on the hospitals for the duration of that week. As a result of this, the clinical chair of the NHGPPO was invited to the Town Hall to meet Prince Charles on behalf of the Federation and all Directors to receive thank you letters.
- Within weeks of the Manchester Bombing, a major fire at a Cash and Carry Wholesalers saw residents displaced from their homes for many hours, whilst the fire was brought under control. NHGPPO Ltd liaised with local pharmacies to support patients who needed access to essential medications. Additional GP appointments were provided at the Local Hub site and on call arrangements were increased.
- The Federation, Five Oaks Medical Practice, Manchester Active and a Premier league football club have worked together to improve the uptake of preventative health checks, whilst trying to promote activity to improve people’s wellbeing. Using the world class facilities and treatment room at the football stadium (as an incentive) the Federation staff and access to technology, all local North Manchester residents were invited for a free health check. Once attended the patient was followed up with an activity programme for those with a higher than average Qrisk (cardiovascular risk) and provided with a free Fitbit and weekly report. The programme has been running since August 2019 and at the time of the inspection had seen over 100 patients attend for a health check.

## Our inspection team

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and two additional CQC inspectors.

## Background to Whitley Road Medical Centre

Northern Health GPPO Limited provides the primary care access to Extended Hours requirements for the North region of Manchester. They operate out of five locations within North Manchester. The service headquarters is located at Victoria Mill, 10 Lower Vickers Street, Miles Platting, Manchester, M40 7LH.

The Manchester Primary Care Partnership Ltd (MPCP) was formed in February 2015, is a not for profit organisation run by the three Manchester GP Federations. These are Northern Health GPPO (North Manchester), Primary Care Manchester (Central Manchester) and South Manchester GP Federation (South Manchester).

The MPCP, through its member Federations, is in a privileged and unique position of having the backing of all 90 independent local GP Practices across the Manchester local authority area, covering a total patient population of over 600,000. The MPCP provides a second-tier governance structure to the three Manchester Federations, in which sharing learning and incidents and peer discussions are raised in the meetings.

Northern Health GPPO Limited's mission is to protect, develop and innovate general practice. The aim is to put patients and practices at the heart of local, integrated community services. They say they will operate in a transparent way through working in partnership with patients, practices, commissioners and other providers.

Appointments can be booked through the receptionist at the patients local GP practice, where a time and location will be provided. The services operate out of five community hubs throughout North Manchester 7 days per week.

The service operates using GPs, practice nurses and health care assistants (HCA) to offer patient appointments and administration staff offer support during their operation at each hub location.

Whitley Road Medical Centre is located in the North Manchester area and is open from 6pm until 8pm.

The practice is a large two storey building. The ground floor has full disabled access with a seated reception area. The GP consulting rooms are all located on the ground floor. There is a disabled toilet on the ground floor, which has baby changing facilities. Disabled parking is available.

Northern Health GPPO Limited is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and treatment of disease, disorder or injury and diagnostic and screening at Whitley Road Medical Centre.

Regulated activities are delivered to the patient population from the following address:

1 Whitley Road  
Collyhurst  
Manchester  
M40 7QH

The service has a website that contains information about what they do to support their patient population: [http://](http://www.nhgppo.co.uk) <https://www.nhgppo.co.uk>.

The service does not accommodate walk-in patients or attend home visits.

# Are services safe?

**We rated the service as good for providing safe services.**

## Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health (COSHH) & Safety policies, which were regularly reviewed, audited and communicated to staff. For example, head office staff would regularly “Mystery Shop” the service hubs to ensure quality assurance.
- Staff received safety information from the provider as part of their induction training. A folder was placed at each host location. This contained a wealth of information for each staff member to carry out their role effectively and efficiently. For example, the folder contained information on safeguarding procedures. There also was a second folder which had all recent medical alerts.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). For example, we observed every staff member working for the Federation front line or at head office had a DBS check clearly documented within their records.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There were systems for safely managing healthcare waste, which were managed by the hub location providers.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. For example, all staff based at the head office were multi skilled, ensuring if a staff member was sick or on leave the role could be covered confidently and quickly.
- There was an effective induction system for staff tailored to their role. We found the induction process to be robust, with all the relevant documentation and checks having taken place prior to the first session worked by new staff. The governance structure would not allow any staff member to be granted access to the clinical system, until all relevant information and checks were in place.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections. For example, we were provided with example of local incidents where the Federation provided hands on support in the most severe emergencies.
- Systems were in place to manage people who experienced long waits. We observed patients being seen on arrival or waiting no longer than several minutes to be seen by a GP.
- The service utilised a sophisticated online staff management tool which was used to arrange the filling of shifts and the organisation of staff rotas.
- When there were changes to services or staff the service assessed and monitored the impact on safety

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Data Sharing Agreements were initialised with all practices within the Federation enabling clinical staff to have full access to patient’s clinical record with patients consent.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.



# Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and vaccines, minimised risks. The service kept prescription stationery securely on each site in a designated locked cupboard provided by the host practice.
- All emergency medicines were provided by the host practice, as per the Service Level Agreement (SLA). Federation staff performed daily checks at each hub location, with monitoring check sheets in place. There was a system in place to replenish any used emergency medicines used by the Federation staff.
- The oxygen and defibrillator were provided by the host of the service and checks were performed daily by onsite staff.
- There were multiple regular medicines audits undertaken to ensure prescribing was in line with best practice guidelines. For example, we reviewed:
  - A “Control drug Best Practice”; a rolling audit performed every six months, with the aim to review the appropriateness of prescribing within the hubs. This was used to review clinical templates vs prescribing. All clinicians were issued with Royal Collage of General Practitioner (RCGP) best guidance.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had a folder in each hub location, which held all the up to date Central Alerting System (CAS) alerts for clinicians.
- Processes were in place for checking medicines and staff kept accurate records of medicines. We reviewed check sheets required to be completed by onsite staff. These tasks included a check of the emergency medicines.

- Patients’ health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. For example, the internal clinical IT system provided a direct link to the patient’s full records.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

## Track record on safety

The service had a good safety record.

- The federation performed unannounced quality visits called “CQC Hub Visit” took place annually, at each individual hub site location. These visits were written up and presented to the board members and staff.
- There were comprehensive risk assessments in relation to safety issues. Each host location as part of the “Service Level Agreement” (SLA) had to provide evidence that all correct safety certificates were in place.
- The service monitored and reviewed activity at each hub location and head office. This helped to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, the directors at head office held regular Saturday morning meetings for their staff. The meetings covered risk, incidents, alerts and complaints. As staff attended the meeting in their own time and breakfast was provided as a gesture of appreciation and good will.
- There was a system for receiving and acting on safety alerts. The head office had a clear process for informing relevant staff by internal communicator system, using the governance compliance tool system. Frontline staff would update the relevant alert folder. We spoke to one GP who informed us they felt that the alert system process was a very effective system. They also felt if it wasn’t for the time spent working in the Federation, they would not be aware of the majority of alerts taking place.
- Joint reviews of incidents were carried out with partner organisations such as the local CCG and the Manchester Primary care partnership (MPCP) board of directors to share learning.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

## Are services safe?

- There was a clear, well-structured system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, we reviewed minutes of discussions that took place as part of the Manchester tri-Federation clinical lead meeting group. A significant event was raised by one of the other Federations. This identified clinicians did not have access to refer patients into the Domestic Violence and Abuse service (IRIS) during extended hour clinics.

The Federation took immediate action from this information, which resulted in the re-writing of the domestic violence policy, embedding of a new direct referral process for each hub location to ensure clinicians referrals could be made. All staff received the appropriate training from IRIS to support the new process.

- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

**We rated the service as good for providing effective services.**

## Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. Any alerts or changes were clearly communicated to staff and was fully auditable.
- In 2018 the Federation introduced the "Cancellation Line" for patients, this has seen a positive reduction in the numbers of patients not attending for their appointment.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place.
- Technology and equipment were used to improve treatment and to support patients' independence.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate clinicians took part in local and national improvement initiatives.

- Clinical appointments were 15 minutes in duration, to allow the clinician time to familiarise themselves with the patients notes and to allow time to discuss matters with the patient.

- From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.
- We saw the most recent NQR results for the service (2019-2020) which showed the provider was meeting the following national performance indicators:
  - The percentage of patients whose protected characteristic data recorded in their patient record was 95%. The provider was thanked for their supportive approach to EDHR (Equality, Diversity and Human Rights).
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice and improve quality. We saw evidence of ongoing audits in multiple areas such as infection control, clinical, medicines, referrals and coding. There was a clear audit schedule available and audit review meeting's taking place, with learning shared with peers. We reviewed 15 comprehensive audits which demonstrated improved outcomes for patients. For example:
  - A rolling programme of "Quarterly Audit of Consultation records" was in place. This process involved each clinician having four consultations reviewed at random. These audits were then scored against Royal Collage of General Practitioner (RCGP) criteria and formatted into a standard response with actions, learning and next steps. In 2018:
    - 132 GP's clinical consultations audited
    - 1425 clinical cases discussed
    - The criteria were reviewed against the Royal College of General Practitioner (RCGP) recorded keeping audit tool and fed back to clinicians.
  - A rolling programme of "Bi Annual audits of Consultation records" for the practice nurses and health care assistances was in place. Each clinician had four random consultation reviewed. These audits were then formatted into a standard response with actions, learning and next steps.



# Are services effective?

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- We saw copies of essential documentation for all head office staff and frontline staff. These files were detailed and contained vital documentation such as training records, insurance and registration checks and immunisation status.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

## Coordinating care and treatment

Staff worked together and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Staff communicated promptly with the patient's registered GP so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure patients were referred to other services for support as required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

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

## Helping patients to live healthier lives

The Federation and the local Hospital Trust had been working in collaboration to provide same day access to North Manchester patients. In October 2018 the Federation started working with North Manchester Hospital, the aim was to reduce departmental burden and look at alternative solutions jointly to reduce the footfall on Accident and Emergency department (A&E) and help reduce waiting times for patients.

A process was developed where the Federation team offer the A&E department any untaken appointments slots for their patients waiting to be seen in the A&E department.

Reviews and case studies have been developed and these showed this service to be working positively in re-educating frequent attendees to A&E department. The first year anniversary in October 2019 showed:

- 30,000 patients seen
- 28% of overall A&E attendances are seen by the GP
- Average time to be seen was less than 2.5 hours
- No Serious Incidents
- Consistently meets the 4hr target

As a result of this success the service had been expanded to the Paediatrics A&E department, with other organisations asking to review how the service is working.

- The Federation had one member of staff trained as a "Mental Health First Aid Champion", whose role is to support staff, be available to talk/meet with them to discuss any issues or problems and give support and guidance in total confidence.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment



## Are services effective?

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The provider monitored the process for seeking consent appropriately.

# Are services caring?

## We rated the service as good for caring.

- All staff are encouraged to take the opportunity to volunteer, one day per year (paid) in the local community. Staff so far have participated at the local Fair Share; which involves picking food orders, delivering food or sorting food to help improve the daily lives for those people facing food poverty.
- The Federation took part in various local Charity events throughout 2019. For example: Two staff raised £1014.76 in a sponsored bike ride from Manchester to Blackpool for the local “Moston Miners Community Arts & Music Centre”, who provide an arts and crafts group for those who find themselves socially isolated, lacking confidence or in need of mental health support.
- The Federation in agreement with the Manchester Health and social care commissioning offered Christmas Eve and New Year’s Eve clinical and non-clinical shift cover for practice staff in 2018. This gesture was offered to all 34 practices at no cost to the practice.

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients’ personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- We received 45 Care Quality Commission comment cards which were all positive. One patient told us the doctors listened and provided extra information. Another patient told us how they felt the care their child had received was wonderful and that the doctor explained every part of the child’s consultation.

## Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that 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. Some patients also stated they preferred using this service over their own GP service due to the quick access to appointments.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## Privacy and dignity

The service respected and promoted patients’ privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient’s mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services responsive to people's needs?

**We rated the service as Good for providing responsive services.**

## Responding to and meeting people's needs

- The provider understood the needs of its population and tailored services in response to those needs. For example, cervical screening and ear irrigation clinics were available at evenings and weekends.
- The Iplato system (patient messaging service) was in place, to both remind and enable patients to cancel appointment.
- The provider engaged with commissioners to secure improvements to services where these were identified. For example, we reviewed performance reports provided by the commissioners reviewing their services.
- The service made reasonable adjustments when people found it hard to access the service.

## Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The service operated Monday to Friday 6pm until 9pm.
- Patients could access the extended hours service via NHS 111. The service did not see walk-in patients. NHS111 had direct access to book patients in with the Federation.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- The appointment system was easy to use, and patients comment cards and patients who we spoke with confirmed this.
- Referrals and transfers to other services were undertaken in a timely way.

## Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received in the last year to date. We reviewed all six complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to relevant parties. For example, all complaints were presented to board members and to the tri Federation board members, where complaints were reviewed and discussed.
- The complainant was provided with an apology and explanation of the events that led to the complaint. If there were lessons learned or reminders needed they were shared between all staff that would be able to use the information.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

**We rated the service as Outstanding for leadership.**

## Leadership capacity and capability

The service had a clear vision to drive and improve quality care and promote and share good outcomes for patients. The service understood the shifting environment of the NHS, and the importance of future planning needed to maintain the high quality of care for the good of their patients and neighbourhood.

- Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care, with a holistic approach to everyone who worked in the service and patients. This was clearly embedded and well established within the daily working of the service.
- The Federation had a clear organisational structure to ensure both the clinical and organisational governance were met to the highest standard. For example, each board member encompassed a wide range of skills to enhance the service user's experience.
- There was an effective process to develop leadership capacity and skills, including planning for the future. For example, the inspection team witnessed a long-term plan already in place which was openly discussed with staff.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them and had clear plans and solutions to reduce risk.
- Leaders at all levels were visible and approachable. They worked extremely close with staff and others to make sure they prioritised compassionate and inclusive leadership.

## Vision and strategy

The Federation had a clear vision and credible strategy to deliver high quality, sustainable care, which was demonstrated throughout the inspection and embedded into the service.

- The mission statement read:

"We are an alliance of local practices entrusted to secure sustainable consistent high-quality general practice for North Manchester. Our mission is to protect develop and innovate general practice. Our aim is to put patients and

practices at the heart of local, integrated community services. We will operate in a transparent way through working in partnership with patients, practices, commissioners and other providers."

- We found the values to be a true reflection of the service, staff knew and understood the values.
- The service had a realistic strategy and supporting business plans to achieve priorities. This was regularly monitored, renewed and reflected on.
- The strategy was in line with health priorities across the region. The provider planned the service to meet the needs of the local population.

## Culture

There was strong collaboration and support across all staff and a common focus on improving quality of care.

- There was a strong emphasis on the safety and well-being of all staff. For example, staff told the inspection team how supportive the Federation were in times of difficulty and how they had supported staff through difficulties within their personal life and during sickness
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. For example, we saw systems had been amended or changed due to reflected learning from a incidents or complaint, with documented process and review meetings taking place.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. For example: The service proactively collected "Protected Characteristics" (refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins). information from patients at point of access. This data is directly uploaded into the patient medical record immediately and therefore provides a level of insight to the registered practice. This service had been acknowledged by the commissioners as a leading piece of work.
- All staff had received equality and diversity training. Staff felt they were treated equally. For example, we observed the Federation taking into account their staffs religious beliefs and cultures.

# Are services well-led?

- Staff stated they felt respected, supported and valued. They were proud to work in the Federation.
- Leaders and managers acted on behaviour and performance consistent with the values.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. We observed the head office processes were clearly communicated to front line staff and this was reflected in the systems and processes we reviewed.

- The Federation's governance structures were reinforced by a second layer of governance, underpinned by Manchester Primary Care Partnership (MPCP). The Governance Committee was a statutory Committee, established to provide oversight and assurances on both corporate and clinical governance related matters. We observed that recommendations, significant incidents, complaints and learning were made to the board and appropriate mechanisms were put in place to implement changes and to embed best practice across all three Federations.
- An educational approach allowed risks to be defined and managed firmly and safely, without any blame or recrimination. This resulted in an approach that was effective both in terms of safety and in terms of supporting staff and spreading learning within the team.
- Structures, processes and systems to support good governance and management were clearly set out, defined, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Leaders had established robust policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example:

- The Federation implemented a digital governance compliance tool, which was demonstrated to be an extremely effective source in the monitoring and maintaining governance and systems. For example, clear auditable trails on significant events, complaints, HR files, meetings, immunisation status and safety alerts were easily accessible and fully auditable.
- There were clear and effective processes for managing risks, issues and performance. For example, we found the service had effective systems and employed their own staff to work in the Hubs to ensure a consistent approach to the service delivery was maintained.
- We reviewed a comprehensive, well established clinical audit process. These audits covered all clinical and non-clinical disciplines. We saw clinical audits had a positive impact on quality of care and outcomes for patients. For example: we observed multiple ongoing programmes of audit cycles taking place, with sharing, learning and peer support provided as a result of the outcomes.
- Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- The providers had plans in place and had trained staff for major incidents. For example, on the 22nd May 2017 Manchester Arena was bombed. The Federation were the first responders on site at the designated help centre within the hours directly following the bombing. They provided hands on clinical and managerial support to the victims and their families. Federation staff were dealing with and assisting the injured, traumatised and bereaved, whilst providing medical consultations, examination and emergency medication. Continued additional support was also offered at all five hub locations, to help alleviate the pressure on local Hospitals for the duration of that week.

Within weeks of the Manchester Bombing, a major fire at a Cash and Carry Wholesalers took place seeing local residents displaced from their homes for many hours whilst the fire was brought under control. The Federation liaised

# Are services well-led?

with local pharmacies to support patients who needed to access essential medications. Additional GP appointments were provided at the local hub and on call arrangements increased.

- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was streamlined and used to full capacity to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account. For example, we reviewed quarterly reports from meetings with the local CCG, where reviews of patient experiences and appointment data were benchmarked and discussed. The service was reaching planned targets.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

A joint working collaboration between the Federation and NHS111 commenced in 2019. The aim was to jointly work to secure an IT connectivity between the two organisations, thus allowing NHS111 staff to directly access the

Federation's appointment systems and allowed staff to book available slots at weekends. This has been successful and discussions on sharing this project to other organisations in the UK was taking place.

- A full and diverse range of patients' staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example,
- The Federation developed a "Community Garden" for local people to plant, grow and subsequently cook vegetables. The aim of the garden was to improve knowledge of healthy eating, reduce insolation, encourage physical activity and boost confidence and self-esteem.
- A street party was arranged and held for the local community in the Cheetham & Crumpsall area by the Federation, events included recycling and cooking demonstrations, litter picking, games and sports activities which improved social connections and targeted the environment, exercise and healthy lifestyle choices.
- A Vintage Tea Party was held to bring people together to have fun, make new friendships, improve wellbeing, connect to others and to reduce social isolation in the area.
- Staff benefits were available, for example, there was a cycle to work scheme available, away days and festive events taking place.
- Staff were able to describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The Federation has been working with Manchester City Football Club, Manchester Local Care Organisation and Manchester City Council on the MLCO's strategy for improving wellbeing. Using the football club's world class facilities as a "draw" to help encourage patients to attend for their free NHS health check all local North Manchester residents were invited to attend the free health check. This was followed up with an activity programme for those with a higher than average Qrisk



## Are services well-led?

(cardiovascular risk). With all patients receiving a free Fitbit and activity reading weekly to promote a healthier lifestyle. At the time of the inspection had seen over 100 patients attend for a health check .

- The Federation produced a successful marketing campaign to promote the Extended Hours Access Service, called 'There for you'. NHS England approached the Federation and asked if they could use their contents and materials in their own National campaign programme.
- NHS111 connectivity was established in July 2019, this connectivity enabled NHS111 to access, review and book appointments electronically over the weekend, ensuring capacity within the system was maximised.
- The Federation piloted and funded a governance compliance tool for all local practices who wanted to participate.
- The Federation was awarded a contract to deliver 15 training courses (240 places funded for patients). The structured education course has been designed for patients of black and minority ethnicity who are living with Type 2 Diabetes in Manchester.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.