

The Elms Medical Centre

Quality Report

Green Lane

Whitefield

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Elms Medical Practice on 6 September 2016.

Overall the practice is rated as requires improvement.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Some significant events were not recorded and minutes sometime held only minimal information. We saw no evidence that an overall analysis of the significant events had taken place.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding

concerns. Vulnerable patients including children at risk of harm were not discussed regularly at practice meetings and a record of these meetings was not always kept.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The comment cards we received indicated that most patients found it easy to make an appointment. Three patients stated in the comment cards that they sometimes found it difficult to book an appointment.
- The practice had facilities and was equipped to treat patients and meet their needs.

Summary of findings

- We were told that the practice proactively sought feedback from staff and patients, which it acted on. However, a record was not kept of meetings or of discussions held to demonstrate this had taken place.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- A system of ongoing clinical audit and re-audits must take place in a systematic way to monitor effectiveness of clinical care and improve patient outcomes.
- Clinical staff must provide protection for themselves and their patients when taking blood.

The areas where the provider should make improvement are:

- Significant events should be analysed for the purpose of learning and preventing incidents from recurring.
- A record should always be kept of meetings held about vulnerable patients including children at risk of harm, to ensure issues identified are actioned and monitored.
- A record should be kept of medicines held for the purpose of monitoring and auditing.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events. Significant events were discussed so that lessons were shared and action was taken to improve safety in the practice. However, the evidence we looked at indicated that some meetings were not minuted and minutes of other meetings held only minimal information. We saw no evidence that an overall analysis of the significant events had taken place.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse and an alert was placed on all children's records when they were identified as being vulnerable to the risk of harm. However, while vulnerable patients, including children at risk of harm, were discussed in practice meetings, this was not done regularly and meetings were not always minuted to ensure issues were actioned and monitored.
- Systems were in place to supervise locum GPs and to monitor and check their work.
- Clinical staff did not always use gloves to protect themselves and their patients when taking blood.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of quality improvement through clinical audits being carried out. However, clinical audits and re-audits had not taken place in a systematic way to monitor effectiveness of clinical care and improve patient outcomes.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all permanently employed staff and ongoing training at all levels.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice identified patients who may be in need of extra support and they were supported to live healthier lives. For example, patients with long term conditions.

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 similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- 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.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Requires improvement



Summary of findings

- There was a mixed response from staff about the culture and leadership structure at the practice. Some staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. However, others reported they were not well supported and there was little team work at the practice.
- There was an overarching governance framework which supported the delivery of care. This included arrangements to monitor and improve quality and identify risk. However, we had some concerns about the lack of systems in place to manage, monitor and improve the overall service and the inconsistency in GPs using these systems. For example, while we saw evidence of a clinical audit being carried out, there was no formal system in place of continuous clinical audits used to test the effectiveness of the service and to monitor quality and to make improvements.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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

There were aspects of the practice which required improvement and this related to all population groups. The practice is rated as requires improvement for the care of older people. There were however some examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over 75 years had a named GP
- The building was accessible for patients with mobility problems via a ramp, a disabled toilet, higher chairs in the waiting room and a bell to ring for assistance with access into the building.
- Flu, pneumococcal and shingles vaccinations were offered to all older patients.

Requires improvement



People with long term conditions

There were aspects of the practice which required improvement and this related to all population groups. The practice is rated as requires improvement for the care of people with long term conditions. There were however some examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice was part of the Avoiding Unplanned Admissions Enhanced Scheme to support this work.
- 100% of patients on the diabetes register had an influenza immunisation in the preceding 12 months compared to the CCG average of 97% and the national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

There were aspects of the practice which required improvement and this related to all population groups. The practice is rated as requires improvement for the care of families, children and young people. There were however some examples of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 80% of women aged 25-64 had a cervical screening test had been performed in the preceding 5 years which was similar to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- GPs worked with midwives and health visitors to support expectant mothers.

Requires improvement



Working age people (including those recently retired and students)

There were aspects of the practice which required improvement and this related to all population groups. The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There were however some examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Early morning appointments were available with the nurse and health care assistant.
- Routine GP appointments were available from 8.30am and pre bookable appointments in advance.
- Staff actively promoted NHS health checks. High risk patients were invited to attend NHS health checks and were identified through the IT system.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

There were aspects of the practice which required improvement and this related to all population groups. The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There were however some examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Staff regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There was a protocol for uncollected prescriptions to ensure patients received their medicines as prescribed by their GP.
- GPs gained advice from and referred to local services including drug and alcohol services, mental health agencies and dementia services.

Requires improvement



People experiencing poor mental health (including people with dementia)

There were aspects of the practice which required improvement and this related to all population groups. The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There were however some examples of good practice:

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which compared to the CCG and national averages.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 91% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

- The practice did not always carry out advance care planning for patients with dementia as they were not always identified through their records.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A & E where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. 278 survey forms were distributed and 124 were returned. This represented 2% of the practice's patient list.

- 43% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were positive about the standard of care received. Patients were consistently complimentary about the care they received from their GP. They commented that staff were friendly and helpful and that they felt listened to and well cared for. Patients told us that their treatments were explained in a way they could understand. They stated that GPs were kind and attentive. One patient described the practice's environment as clean and safe. Two patients commented that the high use of locum GPs affected continuity. One patient commented that the standard of the service had deteriorated over the past five years and they felt more doctors were needed due to the increase in patient numbers.

Areas for improvement

Action the service **MUST** take to improve

- A system of ongoing clinical audit and re-audits must take place in a systematic way to monitor effectiveness of clinical care and improve patient outcomes.
- Clinical staff must provide protection for themselves and their patients when taking blood.

Action the service **SHOULD** take to improve

- Significant events should be discussed and analysed for the purpose of learning and preventing incidents from recurring.

- Vulnerable patients including children at risk of harm should be discussed regularly at practice meetings and a record of these meetings should be kept to ensure issues are actioned and monitored.
- A record should be kept of medicines held for the purpose of monitoring and auditing.

The Elms Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser and a practice nurse specialist adviser.

Background to The Elms Medical Centre

The Elms Medical Practice, Whitefield, Bury M45 7FD is located in the Bury Clinical Commissioning Group area. The practice is located in a small purpose built health centre. There is a small car park outside the practice with one disabled bay. There is a local bus service to Bury town centre.

There is one male GP (senior partner) and three female GPs (two partners and one salaried) working at the practice. They work between two and eight sessions per week. There is one female practice nurse who is also a nurse prescriber and health care assistant. There is a practice manager and a team of eight administrative staff.

The practice is a teaching practice for medical students.

The practice is open between 8am and 6pm Monday to Friday. The practice appointment times are between 8.30 am and 12 noon and 2.30 pm and 5.20 pm.

The practice is part of the Bury extended working hours scheme which means patients can access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays.

Patients requiring a GP outside of normal working hours are advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 September 2016. During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, the practice nurse, the health care assistant and two reception staff.
- Reviewed policies, audits, personnel records and other documents relating to the running of the practice.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We were informed that significant events were discussed so that lessons were shared and action was taken to improve safety in the practice. However, the evidence we looked at indicated that some meetings were not minuted and minutes of other meetings held only minimal information. We saw no evidence that an overall analysis of the significant events had taken place.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. An alert was placed on all children's records when they were identified as being vulnerable to the risk of harm. Vulnerable patients were discussed during practice meetings, but not on a regular basis and meetings were not always minuted. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained in child and adult safeguarding to 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for storing, medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However the practice did not have a process of recording, monitoring or auditing medicines held. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had the support of the local CCG pharmacy team to ensure prescribing was in line with best practice guidelines for safe prescribing. There was evidence to demonstrate the practice was taking steps to ensure it operated within the CCG limits for prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses was a qualified nurse prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from the medical staff for this extended role. A member of the clinical staff did not routinely wear gloves for taking blood which did not give protection to themselves or the patient.

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available. Small electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice staff met to discuss new guidelines so they were up to date with changes. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. There was no GP lead in this area to ensure consistency to changes in practise within the staff team.

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 93.3% of the total number of points available with 12.3% exception reporting. This was 4.5% above CCG Average and 3.1% above England Average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. 100% of patients with diabetes on the practice register had an influenza immunisation in the preceding 12 months compared to the CCG average of 97% and the national average of 94%.
- Performance for mental health related indicators was similar to the national average. 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the CCG average of 92% and the national average of 90%.

Clinical audits were not routinely carried out and the information we were given prior to the inspection was a data collection rather than a full audit.

There was evidence of quality improvement through clinical audits being carried out, however, clinical audits and re-audits had not taken place in a systematic way to monitor effectiveness of clinical care and improve patient outcomes. We looked at one clinical audit submitted on the day of the inspection. This was well documented although a second cycle had not yet taken place to test the outcomes.

Patients' attendance at Accident and Emergency was monitored and we were informed that there had been a 14% decrease in attendance in the last year. Patients were contacted by their GP following an A & E attendance to discuss their health care needs and to identify whether additional support was necessary.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by accessing the 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, clinical supervision and facilitation and support for revalidating GPs. All permanent staff (not locum GPs) had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The health care assistant's role was being developed so they could take on additional responsibilities. A programme of training was in place and they told us they felt well supported in their role.
- The practice employed an apprentice administrative worker from Bury College. They confirmed they received good support from the practice manager and their colleagues. They confirmed they were given protected time for 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 care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff sought patients' consent to care and treatment in line with legislation and guidance.

Staff told us that when they provided care and treatment for children and young people, they 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 76% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 100% and five year olds from 93% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients told us that staff were attentive and that they never felt rushed during their appointment. They stated that GPs were thorough in following up their symptoms. One patient described the practice as clean and safe. Two patients commented that the high use of locum GPs affected continuity. One patient commented that the standard of the service had deteriorated over the past five years and they felt more doctors were needed due to the increase in patient numbers.

We spoke with a member of the patient participation group (PPG). They also told us the group met about every three months and minutes were kept of the meetings to ensure issues were monitored and addressed. They confirmed the practice manager attended the meetings and their views were listened to and respected.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive. Patients told us they felt involved in making decisions about the care and treatment they received. They also told us they felt listened to and supported by staff.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments which was the same as the CCG and the national average.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care which was the same as the CCG and national average.

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 62 patients as carers. Written information was available to direct carers to the various avenues of support available to them.

All carers were offered an annual health check which enabled clinicians to pick up on any health care issues and to support them to maintain good health.

One of the reception staff was an appointed carer's champion. Their role was to offer support and advice to carers about the services available to them at the practice and in the community.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- There was a psychologist based at the practice. They provided a regular clinic and were available to patients through a GP referral.
- The practice was part of the Green Car Scheme. This was a local pilot scheme which supported patients with their health care, but didn't need to attend A & E.
- A health trainer was available. They could be accessed through a GP referral or patients could refer themselves. The health trainer offered patients advice and support on how to maintain a healthy lifestyle.
- Communication with patients was through their preferred method, and this was identified in their records.
- One of the GPs was the dementia care lead and a member of the reception staff was the appointed dementia care champion offering support and advice to patients' carers.
- All staff were trained in dementia care.

Access to the service

The practice was open between 8 am and 6 pm Monday to Friday. The practice appointment times were between 8.30 am and 12 noon and 2.30 pm and 5.20 pm.

The practice was part of the Bury extended working hours scheme which meant patients could access a designated GP service in the Bury area from 6.30 pm to 8.00 pm Monday to Friday and from 8 am to 6 pm on Saturdays, Sundays and bank holidays. Patients requiring a GP outside

of normal working hours were advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call was be re-directed to the out-of-hours service.

In addition to pre-bookable appointments that could be booked in advance, urgent appointments and telephone consultations 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 below local and national averages.

- 58% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 43% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

In response to this feedback, we were informed that the practice had taken action and now did not close at lunchtimes, and a new telephone system had been installed to improve patient access to the practice.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was done 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 an effective system in place for handling complaints and concerns.

- The complaints policy and procedure 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, for example a poster was displayed and a summary leaflet was available in the patient waiting area.

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

We looked at the complaints log for the last 12 months and found complaints were satisfactorily handled and dealt

with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice overall aim was 'to provide people registered with the practice with personal health care of high quality and to seek continuous improvement on the health status of the practice population overall'.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.

Leadership and culture

While the GPs told us they prioritised safe, high quality and compassionate care, we had some concerns about the lack of systems in place to manage, monitor and improve the overall service and the inconsistency in all GPs using these systems. For example,

- There was no formal system of continuous clinical audits used to test the effectiveness of the service and to monitor quality and to make improvements. We looked at one clinical audit which was submitted on the day of the inspection. This was well documented, although a second cycle had not taken place to test the outcomes.
- Systems were in place to supervise locum GPs and to monitor and check their work.
- There was a system in place to ensure formal care plans were drawn up for patients with dementia; however, this was not routinely followed by all GPs.
- There was a system for recording significant events; however, there was no evidence of overall analysis and learning.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

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

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

There was a leadership structure in place. Staff told us the practice held regular team meetings for the purpose of ensuring good communication amongst the staff team. However, a record was not always kept of these meetings and some minutes recorded only a statement to note that patients had been discussed.

- There was a mixed response from staff about the culture of the practice. Most staff spoken with told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Most staff informed us they were involved in discussions about how to run and develop the practice, and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the provision of a TV screen in the reception area which provided patients with health care information, and the installation of a new telephone system to improve patients access to the service.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion.

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of services provided. There was insufficient governance in place to assess or monitor risks to patient safety.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	