

# Argyle Street Medical Centre

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Argyle Street Medical Centre on 3 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. An annual infection control audit had been carried out and the results published on the practice website.
- All staff employed by the practice had received a disclosure and barring check (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 implemented suggestions for improvements and made changes to the way it

delivered services as a consequence of feedback from patients and from the patient participation group. For example open clinics were introduced twice weekly for patients who did not want to wait for a bookable appointment.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day but not always with the doctor of choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management both personally and professionally. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

An outstanding feature of the practice is that they won the Quality Teaching Practice silver award for Excellence in teaching year 4 medical students (2014-15), awarded

by the Health Education North West at Manchester University and the practice nurse won the Practice Nurse of the Year (2015) awarded by the Royal College of General Practitioners

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

# Summary of findings

- The GPs opportunistically visited patients of concern to check on their health and wellbeing.
- The practice nurse routinely visited housebound patients to manage long term conditions and offer vaccinations such as flu and pneumococcal.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients can access appointments and services in a way and at a time that suits them.
- Online booking and prescription requests were available. Patients were also able to sign up to electronic prescribing which meant that they could pick up prescriptions from a pharmacy of their choice.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day but not always with a GP of choice.
- The GPs had a rota and every day one GP would act as duty doctor triaging requests for emergency appointments and seeing patients as required. Emergency appointments were available every day for anyone that needed to be seen. The duty doctor remained on site all day so that a doctor was available at all times for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice hosted ophthalmology and radiography services once a week.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The partners had a rota where two partners took a management lead in the practice working with the practice manager.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients were offered health checks and advice regarding the appropriate screening for their age group.
- All patients over the age of 75 had a named GP and were offered care plans which included any additional support requests.
- The practice offered a range of appropriate immunisations such as pneumococcal, flu and shingles.
- Patients over the age of 75 could speak with a doctor, if unwell, on the same day.
- Opportunistic home visits for housebound patients were carried out to assess their health and wellbeing.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- All patients on the Chronic Obstructive Pulmonary Disease (COPD) register were taught to self manage and given emergency telephone numbers and access to medication for exacerbations of their condition.
- Diabetes indicators were comparable to other practices in the area.

# Summary of findings

- The practice held a pre diabetic register where patients were given information regarding diet and how to self manage. These patients were monitored in order to avoid the development of diabetes.
- All children suffering from asthma had an individual care plan, this was made available to adults if required.

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 79.48% of women aged between 25-64 had recorded in their notes to show that a cervical screening test had been performed in the preceding five years which is comparable to the national average of 81.88%.
- The practice offered a confidential Chlamydia screening service for patients aged between 16 and 25 years of age.
- All children under the age of five are given an appointment on the same day and children aged between 6 and 12 years are triaged.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.



# Summary of findings

- Appointments could be booked and cancelled on line and routine appointments were available outside of working hours.
- Same day telephone consultations were offered to patients unable to attend during working hours. Open clinics were offered two mornings a week for patients who preferred to sit and wait to see a GP.
- The nursing team offer early morning appointments.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- One member of staff worked closely with the safeguarding lead and had developed an information pack which held information regarding safeguarding such as contact information of the wider safeguarding team and pathways to follow for different situations.

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

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

Good



- 77.6% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

## Summary of findings

- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Full annual health checks were offered to patients suffering from poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice were working in partnership with The Guinness Trust to offer dementia services, mental health reviews and a link worker for this group of patients.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing at or above the local and national averages. 451 survey forms were distributed and 114 were returned.

- 86.3% of patients found it easy to get through to this surgery by phone compared to the CCG average of 61% and national average of 73.3%.
- 94.7% of patients found the receptionists at this surgery helpful compared to the CCG average of 85.1% and national average of 86.8%.
- 83.8% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 85.2%.
- 90.1% of patients said the last appointment they got was convenient compared to the CCG average of 92.3% and national average of 91.8%.

- 78.3% of patients described their experience of making an appointment as good compared to the CCG average of 66.9% and national average of 73.3%.
- 75.7% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 64.4% and national average of 64.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Comments included individual praise about the doctors, nurses and staff. Six patients and one member of the PPG that we spoke to on the day also gave positive feedback about the practice and its personnel.

## Outstanding practice

The practice won the Quality Teaching Practice silver award for Excellence in teaching year 4 medical students

(2014-15), awarded by the Health Education North West at Manchester University and the practice nurse won the Practice Nurse of the Year (2015) awarded by the Royal College of General Practitioners

# Argyle Street Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience.

## Background to Argyle Street Medical Centre

Argyle Street Medical Centre provides primary medical services in Heywood from Monday to Friday. The practice is open between 8am and 6pm Monday to Friday and extended hours are offered until 8.30pm one evening a week, the day offered depends on the doctor on duty. The first appointment of the day is 8.30am Tuesday to Thursday and there are sit and wait appointments on Monday and Friday mornings until the last patient is seen. The last appointment is 5.30pm and extended hours offer appointments until 8pm.

Argyle Street Medical Centre is situated within the geographical area of Heywood, Middleton and Rochdale Commissioning Group (CCG) of which one of the partners is the chair.

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

Argyle Street Medical Centre is responsible for providing care to 6807 patients.

The practice consists of six GP partners (four male and two female). It is a teaching practice with two GP registrars and

regular medical students. There is a practice nurse and two health care assistants and is supported by a practice manager, reception manager, administration team and receptionists.

The practice won the Quality Teaching Practice silver award for Excellence in teaching year 4 medical students (2014-15). Awarded by the Health Education North West at Manchester University.

The practice nurse won the Practice Nurse of the Year (2015) awarded by the Royal College of General Practitioners.

When the practice is closed patients are directed to the out of hour's service.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 December 2015. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager, reception manager members of the administration team. We also spoke with patients who used the service including a member of the PPG.
- Observed how people were being cared for and talked with carers and/or family members
- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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 results of the audit were placed on the practice website.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed 6 personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

## Are services safe?

- 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 that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.
- 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. There was a "grab file" in the reception area which detailed all information needed in the case of an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 94.1% of the total number of points available, with 9.2% exception reporting. 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 comparable to the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average.
- Performance for mental health related indicators was comparable to the CCG and national average.
- The dementia diagnosis rate was comparable to the CCG and national average.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements such as; a cancer diagnosis audit was regularly undertaken and where patients had died, the practice held a meeting and looked at where there might have been improvements and what, if anything would be done differently.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- All staff employed by the practice had received a DBS check

### 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. Information such as NHS patient information leaflets were also available.



# Are services effective?

## (for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

### Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice hosted weekly ophthalmology and radiology services.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 79.48% which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.6%% to 98.9% and five year olds from 93.3% to 97.8%. Flu vaccination rates for the over 65s were 81.11%, and at risk groups 62.81%. These were above the national average of 73.24% for the over 65s and 52.29% for the at risk groups.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 46 patient CQC 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.

We also spoke with 6 patients who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94.6% of patients said the GP was good at listening to them compared to the CCG average of 89% and national average of 88.6%.
- 95.5% of patients said the GP gave them enough time compared to the CCG average of 87% and national average of 86.6%.
- 98.9% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95.2% and national average of 95.2%.
- 92.6% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.4% and national average of 85.1%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.5% and national average of 90.4%.
- 94.7% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85.1% and national average of 86.8%.

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

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 93.9% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.6% and national average of 86%.
- 90.9% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.7% and national average 81.4%.

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.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 22.3% of the practice list as carers. One member of staff was appointed Carers Advocate. There was a carers corner in the waiting room area where written information was available to direct carers to the various avenues of support available to them through posters and leaflets.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/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.

- The practice offered extended hours one evening each week until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Open clinics were introduced Monday and Friday mornings in response to patient demand.
- There were disabled facilities, hearing loop and translation services available.
- The practice planned to extend the building so that it could bring services to its population as many of them are socially deprived and do not attend many hospital appointments as they have to travel up to 3 bus rides to a centralised service. The practice had secured funding and are in the planning stages and are hoping to host services such as mental health clinics, memory team clinics and gynaecology clinics
- The practice are part of a local federation that offer appointments between 8am and 8pm seven days a week.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am to 11am Tuesday, Wednesday and Thursday mornings and 1.30pm to 5.30 daily. Monday and Friday mornings were open surgeries where all doctors saw patients that had arrived and registered at reception before 10.30am. Extended hours surgeries were offered until 8.30pm one night a week. This varied depending on which GP was on duty. In addition pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were also available for people that needed them. One doctor was on call every day and was available for telephone calls and patients calling in to the surgery.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 74.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 71.5% and national average of 74.9%.
- 86.3% of patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average 73.3%.
- 78.3% of patients described their experience of making an appointment as good compared to the CCG average of 66.9% and national average of 73.3%.
- 75.7% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64.4% and national average of 64.8%.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- The practice didn't record verbal complaints but as a result of the visit were going to start to record them.
- We saw that information was available to help patients understand the complaints system. Information about how to make a complaint was available in the waiting room and on the practice website.

We looked at six complaints received in the last 12 months. All complaints were satisfactorily handled and dealt with in a timely way with openness and transparency and apologies given. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We reviewed one complaint where a patient on the palliative care register had been had been discussed at an MDT meeting and referred to the MacMillan service without their consent. As a result the practice now contacts all patients on the palliative care register before an MDT meeting.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The GPs had a rota where two doctors worked with the practice manager in leadership roles.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff both on the practice computer and hard copy.
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. Staff told us the partners, management and the rest of the team were very supportive of staff and this included supporting staff on personal and professional levels.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology

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

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

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example sit and wait clinics had been introduced as a result of patient feedback.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

# Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. All the partners have an outside involvement in the wider health community. One of the partners is the chair of the local CCG, one of the partners is the End of Life lead for the

locality, one of the partners is the Training Programme Director for the Manchester Deanery and one is the Director for Education for Locums for BARDOC (out of hours service).

The practice secured funding to build an extension including clinical rooms. They plan to host additional clinics and to increase their GP training facilities.