

Clarendon Surgery

Quality Report

Pendleton Gateway
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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?	Outstanding	
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 Clarendon Surgery and Trinity Medical Centre (Branch Surgery) on 24th September 2015. Overall the practice is rated as Good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. They monitored,

evaluated and changed the services they offered to suit the needs of their population, increasing resources at peak times to meet demand. This was most apparent in relation to the telephone appointment system which was monitored on a daily basis, with evidence that patient demand, and not the practice, was managing any changes.

- The practice recorded, reported and shared significant events and complaints with the Clinical Commissioning Group (CCG), at neighbourhood meetings for peer review, support and continual improvement. They were also aware of the requirement to report necessary information to the Care Quality Commission and provided examples where this had been done.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.

Summary of findings

- 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 (PPG).
- 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.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place and high standards were promoted and owned by all practice staff with evidence of team working across all roles.
- The practice became Investors in People (IPP) in March 1997 and has retained this status. The IIP is an accreditation that recognises the work an organisation does in empowering its employees to be at their best.
- They have been a training and teaching practice for GP Registrars and medical students for over 20 years.
- The practice aimed to build on its already developing processes such as data gathering and analysis, Plan Do Study Act (PDSA) cycles and tests of change, all of which were aimed at improving the quality of service provision for patients.

We saw several areas of outstanding practice including:

- The practice had introduced a telephone appointment system which increased and improved the flexibility of access to appointments. The system was evaluated on a daily basis and changed to meet the demands of the

patients, increasing resources at peak times. The practice could demonstrate the impact of this system showing telephone access to a GP within the hour on a daily basis. Also evidenced was a reduction in the number of unattended appointments (DNA rates) and reduced use of the GP out of hours service which was reflected in very positive patient survey results.

- The practice had a very good skill mix which included advanced nurse practitioners (ANPs) and they were able to see a broader range of patients than the practice nurse. There was a preceptorship programme in place to support new ANPs to the practice.
- The practice could evidence that events of significance led to changes in working practice which increased safety not only in their own environment but also throughout the CCG including other GP practices and major hospitals.
- The practice was involved in many initiatives, local and national, around improving patient safety in general practice. These included, PRISM (around medicine safety), The Scottish Patient Safety Programme, Making Safety Visible and General Productive Practice which is designed to help the practice to support and build on quality improvements. This meant that the practice were continually reviewing the safety of their environments, their clinical practice and the services they offered to make sure that patients were treated in a safe and effective way at all times.

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. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used every opportunity to learn from internal and external incidents, to support improvement. They could evidence that events of significance led to changes in working practice which increased safety not only in their own environment but also throughout the Clinical Commissioning Group (CCG) including other GP practices and major hospitals. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Good



Are services effective?

The practice is rated as good for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Examples included guidance on investigating suspected cancer which led to an audit which is planned to be repeated. Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group (CCG) and the practice reviewed this data regularly, making improvements where they could. The practice used innovative and proactive methods, auditing and re-auditing, to improve patient outcomes and it linked with other local providers to share best practice.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient-centred culture and a clear vision and strategy by all staff to go beyond clinical outcomes and support patients in a holistic sense. The practice took into account and addressed wider issues such as housing, education and other social issues and health determinants. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving

Good



Summary of findings

this. We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure service improvements where these had been identified.

Most patients told us it was easy to get an appointment with a named GP or a GP of choice, there was continuity of care and every patient was spoken to by a GP within an hour (sometimes sooner) of their call to the practice. Those who needed to be seen could be seen within hours if convenient to them and urgent appointments were always available. 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



Are services well-led?

The practice is rated as good for being well-led. There was a clear vision with quality and safety as its top priorities. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. High standards were promoted and owned by all practice staff, and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice carried out proactive succession planning. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice gathered feedback from patients using new technology, and it had a very active PPG which influenced practice development.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were very good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice participated in the integrated care project with Salford Together with the aim to integrate health and social care for older people. They created a new patient questionnaire around sharing information which has proved helpful specifically to elderly patients enabling the practice to liaise with family members and support workers without a worry about breaching confidentiality. A number of leaflets and notices advised the elderly of other services available including support from local charities, volunteer groups and the Mavis Grundy Befriending Service. These were agencies that worked within the community to reduce the number of lonely and vulnerable people across Salford.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice identified, with the Clinical Commissioning Group (CCG), the priority diseases in the Salford area and participated in locally enhanced services for patients in these categories. This enabled them to provide care in a holistic and preventative way, encouraging and involving patients to manage their own conditions. An additional advanced nurse practitioner was recruited to manage chronic disease clinics where patients with multiple chronic diseases were reviewed during a 45-minute appointment. A dedicated member of the administration team was given a lead role to ensure that call and recall for those patients was kept up to date. One third of the patients with long term conditions had received an annual review at the time of our inspection. Patients at risk of hospital admission were identified as a priority and the practice also participated in the Salford Lung Study. Patients with asthma received a personalised asthma action plan which was regularly reviewed. Self management plans were also provided for patients with cardio obstructive pulmonary disorder (COPD) including rescue packs as appropriate.

Good



Summary of findings

Families, children and young people

The practice is rated as outstanding for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk such as children and young people with high attendance at accident and emergency departments. GP safeguarding leads undertook additional training in child sexual exploitation (CSE), female genital mutilation (FGM) and domestic abuse and 50% of all the staff had completed basic domestic abuse training. All reports of domestic abuse and child protection issues were READ coded (READ codes are standard clinical terminology) and the practice maintained in excess of 90% for its childhood immunisation targets which was similar to figures for the CCG. Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. 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 and health visitors and the practice was pro-actively trying to engage school nurses in discussions regarding children over the age of five years to maximise information sharing and safeguarding opportunities.

Outstanding



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). The needs of the working age population, those recently retired and students were identified and the practice continually adjusted the services it offered to ensure they were accessible, flexible and offered continuity of care to all patients. This was evidenced by continual review of services both clinical and non-clinical through audit and re-audit. We saw specific examples where changes were made to ensure that services such as the telephone appointment system, uptake of screening programmes, quality outcomes and the safety of patients was maximised to meet patients' needs. For example, the number of staff on duty at any particular time was quantified through patient demand, new staff were recruited to enhance services that were underachieving and staff were re-skilled to increase resources. They had collected evidence that people who were working found the system flexible and helpful as they could request a call back to fit in with their working hours, could speak to a GP when they were at work (if this was appropriate) and could pre-arrange with their employers if they needed to be seen before, after or during work following a telephone appointment.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. A register of patients living in vulnerable circumstances was held and this included homeless people, travellers and those patients with a learning disability. The practice participated in the Asylum Seekers locally enhanced service, offering screening and support and one of the GPs and the practice manager attended the Refugee Healthcare Conference to increase their knowledge. Alerts were placed on patient records when required, to ensure that all staff were aware of patients in vulnerable circumstances. All staff had received equality and diversity training and staff knew how to recognise signs of abuse in vulnerable adults and children, with 50% of the staff having also completed training in domestic abuse. 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. Longer appointments were available for all patients that required them.

Good



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). There was a high incidence of depression, mental health issues and distress in the practice population and the practice had made themselves more accessible through the telephone appointment system with everyone able to get an 'on-the-day' appointment. They had quantified that improved accessibility encouraged attendance of difficult to reach populations by removing barriers and enabling better access to healthcare. 82% of people experiencing poor mental health (including people with dementia) had received an annual physical health check. The practice pro-actively worked with several multi-disciplinary teams in the case management of people experiencing mental health problems. These teams included mental health counsellors and children's teams who were available in the building, at short notice, to provide support and advice. The practice participated in the dementia directed enhanced service and all staff had received dementia awareness training to assist with early detection. They had identified, through clinical audit, that mental health conditions masked other serious conditions and those patients were included in their long term conditions programme, ensuring annual holistic review.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. 434 surveys were sent out and 101 were received back which was a response rate of 23%.

- 93% find it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 94% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 67% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

- 91% describe their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 63% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 49% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Comments included praise for the practice who were described as caring, professional and understanding. We also spoke to a member of the patient participation group (PPG) who told us that the practice were always seeking feedback from the group, were open to constructive challenge and tried their utmost to make changes according to the needs of its population.

Outstanding practice

- The practice had introduced a telephone appointment system which increased and improved the flexibility of access to appointments. The system was evaluated on a daily basis and changed to meet the demands of the patients, increasing resources at peak times. The practice could demonstrate the impact of this system showing access to a GP within the hour on a daily basis. Also evidenced was a reduction in the number of unattended appointments (DNA rates), reduced use of the GP out of hours service and this reflected in a very positive patient survey results.
- The practice had a very good skill mix which included advanced nurse practitioners (ANPs) and they were able to see a broader range of patients than the practice nurse. There was a preceptorship programme in place to support new ANPs to the practice.
- The practice could evidence that events of significance led to changes in working practice which increased safety not only in their own environment but also throughout the CCG including other GP practices and major hospitals.
- The practice was involved in many initiatives, local and national, around improving patient safety in general practice. These included, PRISM (around medicine safety), The Scottish Patient Safety Programme, Making Safety Visible and General Productive Practice which is designed to help the practice to support and build on quality improvements. This meant that the practice were continually reviewing the safety of their environments, their clinical practice and the services they offered to make sure that patients were treated in a safe and effective way at all times.

Clarendon Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser and an expert by experience. An expert by experience is someone who has used health and social care services.

Background to Clarendon Surgery

Clarendon Surgery is located within the Pendleton Gateway building which opened to the public in 2009. Services inside the building include two GP practices (of which Clarendon Surgery is one) and community services including district nursing, orthoptics and podiatry, audiology, Salford CAMHS (Child and Adolescent Mental Health Services), children's outpatient department, a council information centre for customer queries and advice about council services, adult and children's community library with free customer internet access, community dental services, pharmacy and x-ray and therapy suite. Clarendon Surgery opens Monday to Friday between 8am until 6.30pm.

The practice has a branch surgery called Trinity Medical Centre and it is located within The Angel Centre in St Phillips Place, Salford. Trinity Medical Centre is open 9am till 5pm Monday to Friday (except Tuesdays when it is open until 6.30pm and Fridays when it closes at 1pm). The reception at the branch practice closes for lunch between 1pm and 2pm but phone access is still possible and the main surgery reception at Clarendon is always open.

We inspected both premises. The Angel Centre is a hub which, like Pendleton Gateway also offers a number of services to the population of Salford including MIND mental health services, The Salford Carers' Centre and Salford Well Being services. The practice integrates into these services by referring and liaising directly with the service providers.

The practice offers a unique telephone triage and consultation service which has been quantified and gives patients at this surgery better access to GPs. The surgery can be called any time during opening hours and the patient's call is returned as quickly as possible by a doctor (routinely between 20 and 55 minutes). If following the GP consultation, a face to face appointment is required, the doctor will make an appointment there and then and the patient will be requested to attend the surgery. Ill children will always be seen as soon as possible if brought to the surgery and this is usually quicker than attending an accident an emergency department.

Clarendon Surgery and Trinity Medical Centre provide services under a General Medical Contract to a population of 9,000 patients who can attend whichever location they prefer. The staff and governance arrangements are the same for both locations and staff alternate attendance at each site.

Most staff at the practice were long term. However over the past 12 months there has been a period of change where the loss of medical and nursing staff has impacted on the service. Despite that the practice has continued to provide appropriate and safe care. Staff at the practice consists of three GP partners (one who is currently on maternity leave), four salaried GPs and a GP Registrar. There is now a full nursing team which includes a long term advanced nurse practitioner (and prescriber), a practice nurse, two (recently trained) phlebotomists who double as receptionists, and an assistant practitioner. A new advanced nurse

Detailed findings

practitioner and a trainee advanced nurse practitioner will start with the practice in October. There is a practice manager, office manager and non-clinical long term conditions and data quality manager who support a flexible team consisting of 14 (mainly full time) clerical and administration staff.

They are a training and a teaching practice with two year five medical students due to start in October.

When the practice is closed, patients are directed to the Out of Hours service provided by Salford Unscheduled Care Services.

Why we carried out this inspection

We inspected this service as part of our 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. This 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

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)

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 24th September 2015. During our visit we spoke with a range of staff including partner and salaried GPs, managers, nurses, administration staff and a member of the patient participation group (PPG). We also spoke with 10 patients. We reviewed 14 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an obvious open and transparent approach to safety and a robust system in place for reporting and recording significant events. There was clear guidance for all staff about what constituted an event that should be recorded and staff demonstrated that they understood their responsibilities in relation to this.

- There was a clear line of escalation and a form to record and report information on the practice's computer system.
- People affected by significant events received a timely and sincere apology and were told about actions taken to improve care.
- All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out continual analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw several examples where lessons were shared to make sure action was taken to improve safety not only in the practice but within the Clinical Commissioning Group (CCG). One example led to a change in the way hospital discharge summaries were written and a template for hospital letters was introduced which included a highlighted section for GPs' action so that important information was not hidden within the body of the letter.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents to the CCG.

All significant events were also discussed at twice weekly clinical meetings and circulated to all members of staff by email. Peer discussion and learning was also held at monthly neighbourhood meetings consisting of 10 local practices within the CCG.

Overview of safety systems and processes

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

- Significant arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and provided clear guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings regularly and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Systems in place helped to identify and follow up all patients in disadvantaged circumstances. GP safeguarding leads undertook additional training in child sexual exploitation (CSE), female genital mutilation (FGM) and domestic abuse and 50% of all staff had completed basic domestic abuse training.
- The practice had identified four children who who did not meet the criteria for referral to the children's safeguarding team but whom the practice felt were vulnerable and needed extra support and attention when they came in to the practice. They had used their own initiatives to create a special alert on their internal system to alert all clinicians of the dangers posed to those children and ensure that all instances of attendance were recorded and continually discussed with the child protection team during meetings. This was to make sure that these children did not fall through the net simply because they did not meet criteria for referral to the child protection team.
- The practice met regularly with health visitors to discuss potential and actual risks about children under the age of 5. They had identified that there were no information sharing arrangements about children over the age of five years. Because of that, they were continually trying to engage school nurses in discussions about children over aged five in order to maximise information sharing and safeguarding opportunities.
- A notice was displayed in the waiting room, advising patients they could have the presence of a chaperone if they wished. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS).(DBS checks identify whether a

Are services safe?

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).

- There were robust procedures in place for continual monitoring and management of risk to patient and staff safety. There was a health and safety policy available and the practice had up to date fire risk assessments and regular fire drills were carried out. 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.
- Appropriate standards of cleanliness and hygiene were followed to a high specification. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice has applied for, and had approved, a bid to employ a pharmacist in the surgery to help manage difficulties and also oversee the process of medicine review to streamline the system. They also used the Clinical Commissioning Group's (CCG) prescribing formulary and took part in the Medicines Safety Collaborative to help improve on prescribing. They gave an example where this had highlighted higher than average antidepressant prescribing, as a result of which, all patients were contacted and prescriptions reviewed.
- Recruitment checks were carried out and the files we reviewed showed 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.

- There were intricate arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. A high level rota system ensured that enough different staffing groups with the relevant skills, were on duty and this was monitored frequently during the day to meet patient demand. The system enabled flexibility and allowed the practice the opportunity to change appointment length, time and who with, at short notice without negative impact on the patients. For example, if a clinician was suddenly ill, patient appointments did not need to be cancelled and delays were minimal.
- The practice was involved in many initiatives, local and national, around improving patient safety in general practice. These included :
 - PRISM – around medicine safety
 - The Scottish Patient Safety Programme
 - Productive Primary Care
 - Making Safety Visible

Arrangements to deal with 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 (BCP) in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice should ensure that all staff, clinical and non-clinical, are aware of the BCP and understand its relevance.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 had systems in place to ensure all clinical staff was kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. New guidelines received on investigating suspected cancer were discussed at the clinical meeting with input from all clinical about how to best implement the guidance. This led to an audit of all cancer diagnoses to establish if any of those could have been referred earlier in line with guidelines. The practice plan to repeat this audit next year.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). They used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.3% out of a possible 100% of the total number of points available. Their exception rate was 8.3%. Data from 2013/2014 showed;

- Performance for diabetes related indicators was similar to or better than expected compared to the CCG and national averages. For example one of the diabetic control measures was 79.36%. The national average was 77%.
- The percentage of patients with hypertension having regular blood pressure tests was 88% compared to the national average of 83%.
- Performance for mental health related and hypertension indicators was better or similar. 80% of patients with a mental health problem had received a face to face review compared to the national average of 83%.

Numerous clinical and non-clinical audits were carried out regularly to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Three example audits given were

all completed audit cycles and showed evidence of learning and changes instituted as a result of the findings. The practice then re-audited in timely fashion. There was a spreadsheet of current ongoing audits which showed eight clinical audits of varying topics and all included a date for re-audit and initials of the responsible clinician. This demonstrated a clear understanding of clinical audit as a continuous process for improvement.

The practice also participated in local and national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result of findings included changes to the way in which discharge and referral letters were handled within the Clinical Commissioning Group.

The practice monitored that guidelines were followed through risk assessments, continual clinical and non-clinical audits and random sample checks of patient records. There was evidence that information about patients' outcomes was used to make improvements.

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, fire safety, health and safety and confidentiality as well as other non-mandatory subjects such as dementia awareness and equality and diversity.
- 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. Not all staff had received an appraisal within the last 12 months because of the management change but all had been planned in and the ongoing programme was robust.
- Staff received mandatory training that included safeguarding, fire procedures, basic life support and information governance awareness as well as other training such as domestic violence, dementia

Are services effective?

(for example, treatment is effective)

awareness, equality and diversity and immigration issues that better helped them meet the needs of the community they served. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

There was a truly holistic approach to assessing, planning and delivering the care and treatment of people who used services. The safe use of innovative and pioneering approaches to care were actively encouraged. These included the introduction of new templates to increase patient safety around consultations, coding medical records, diagnoses, prescribing, and interface with secondary care. New evidence-based techniques and technologies were used to support the access to high quality care such as the introduction of their telephone appointment system.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or 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 practice's responsibilities within legislation and followed relevant national guidance. GPs and nurses were trained in mental capacity and deprivation of liberty safeguards.

In addition the practice had created a patient questionnaire asking all patients if they were happy for the practice to discuss their care with any other parties and if

so who. This was then documented in the records and the signed instruction scanned into patient records. They had found this particularly helpful for the elderly as it enabled communication with family members and support workers in a more productive manner without concern over confidentially breaches.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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. Diet, alcohol and smoking cessation advice were available at the practice by the assistant practitioner and patients who may be in need of extra support were identified by the practice and signposted where appropriate to a number of other services.

The practice had a comprehensive screening programme. They had identified shortfalls in their services which included low uptake of cervical smears, inability to perform and offer 40-75s and over 75+ health checks and long delays for blood appointments. The shortfalls were mostly due to shortages of nursing staff and to combat this they had upskilled two receptionists by training them in phlebotomy, and had recruited two advanced nurse practitioners, one within a trainee role. In addition the recent appointment of a new practice nurse has enabled them to bring these services back into circulation and to date they had provided 44 out of 310 patients with an over 75s health check and increased appointments for patients to have their bloods taken. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. The practice maintained a 90% uptake in childhood immunisations and patients were invited by the Child Health Team who send out two reminders. To support the immunisation programme the practice also sent reminders to parents of children who were overdue immunisations. Alerts were placed on child records where immunisations were overdue and this alerted clinicians to hold discussions with parents when they next attended.

Are services effective? (for example, treatment is effective)

There was a data quality lead that was responsible for all call and recall and they continually audited the system, viewed and reviewed those patients who required follow up appointments, sent letters, and made telephone calls to encourage them to attend.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All 13 of the 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 a member of the patient participation group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was always respected. They said that they received an excellent service and that the practice encouraged feedback and enjoyed a good challenge. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with doctors and nurses. They had prepared an action plan around patient experience with a view to increasing patient satisfaction all round: Current results were as follows :

- 90% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%

- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 92%.
- 94 patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

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. Longer appointments were routinely available when translation services were utilised. This included deaf patients who required sign services. In those with developing language skills who did not wish an interpreter then longer appointments were also available. The practice were also aware of increasing immigration within the community and a GP and the practice manager had been on a training course to help identify any issues that they may not be aware of. They fed the information back to all the staff at the practice and

Are services caring?

were able to quantify where this had benefitted patients with receptionists understanding better how to address patients of specific cultures and how to increase engagement by keeping eye contact whenever possible.

Patient and carer support to cope emotionally with care and treatment

There was a large variety of notices and leaflets in the patient waiting room which advised patients how to access a number of support groups and organisations. Services available offered support including the local charity volunteer group, Mavis Grundy Befriending Service (which works with the community to reduce the number of lonely and vulnerable people across Salford) and other services such as bereavement counselling, mental health support and Salford Carer's Centre which was located in one of their buildings.

The practice staff were proactively attempting to recruit carers which was the theme of this quarter's practice campaign. The computer system also alerted GPs if a patient was also a carer. There was a practice register of all people who were carers a third of those who had been identified as carers had received a health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or 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. However, when we asked the lead GP about this they felt the practise weren't doing enough and genuinely wished they could do more.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example they were participating in the integrated care project with Salford together. The aim of this was to integrate health and social care for older people. One of the GPs attended external multi-disciplinary group (MDG) meetings where GPs, District Nurses, social workers, mental health teams, care homes, voluntary organisations and local hospitals got together for group patient discussions in order to provide older people with the support they need to manage their own care.

Services were pro-actively planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice had introduced a telephone appointment system which they were continually monitoring and reviewing to meet their patients' needs. This gave them flexibility to offer longer appointments, urgent access and home visits for every patient rather than limiting those to older patients or patients with learning disabilities.
- The practice were very aware of the impact that lower income, low self-esteem and social problems have on physical health and they reviewed their services to meet the needs of those patients. They also had a higher than average number of transgender and lesbian and gay patients and had embarked on training and knowledge improvement in these areas. They could not quantify the reasons for the influx of patients in this category, other than word of mouth recommendations from others in similar circumstances. All staff undertook equality and diversity training to ensure they treated every patient equally.
- There were disabled facilities, hearing loop and translation services available and a lift big enough for wheelchairs, electric scooters and prams.

Access to the service

Patients had access to two locations. Clarendon Surgery opened daily from 8am until 6.30pm. The branch surgery nearby was open Monday to Friday from 9am until 5pm except Tuesdays when it remained open until 6.30pm and Fridays when it closed at 1pm.

Although the reception at the branch closed for lunch between 1pm and 2pm phone access was still possible and the main surgery reception at Clarendon was always open. The medical staff did not return routine calls between 12pm and 2pm in order to allow home visits, meetings and training to occur. Routine telephone consultations ended at 5pm but pre-arranged calls were made after that time and urgent calls were taken up until 6.30pm. The practice were very flexible and provided a service which met the demand of its patients.

Patients made appointments via a telephone appointment system whereby they spoke to a receptionist who gave them a time for a call back from a nurse or GP (whichever they preferred). Following discussion with the clinician a decision was made whether or not the patient needed to be seen or whether their request could be dealt with over the telephone. If they needed to be seen they were offered an appointment that day if required or sometime in the future if they preferred. Appointments were based on need and therefore if it was known that twenty minutes was required, this was booked, which meant waiting times and unattended appointments were reduced. The practice also found that attendance at walk in centres and accident and emergency departments had reduced because a patient could always be seen that day if need be. The system did not suit all patients, but it was being monitored, reviewed and adjusted on a daily basis to improve patient satisfaction as much as possible. Patient education and flexibility by the practice to make changes had increased satisfaction and most patients we spoke with were very happy with the system.

The practice was able to quantify 37,632 telephone consultations in the last 12 months. Through regular monitoring the practice had raised its response levels and 54% of patients now received a call back within 20 minutes, 70% within 30 minutes and 90% within 55 minutes. They had also established that a number of patients made frequent telephone calls which may be unnecessary and were working with them to find out if there was anything the practice were not doing to meet their needs.



Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 91% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 66% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a 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.

We saw that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 13 complaints received in the since February 2015. We found that the practice formally recorder verbal as well as written complaints and four of the complaints recorded were verbal. All the complaints were being or had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

One specific example demonstrated the practice's willingness to listen to patients, seek their views and learn from feedback. A patient had commented that different GPs fed back in different ways when reporting blood results and this had caused confusion. They thought this could be done better and offered a suggestion. The patient was invited, and accepted an offer to discuss the matter at a practice meeting with the GPs. A root cause analysis action plan was implemented following the discussion which led to a new formal process that ensured all information to patients about results was consistent and the same by all GPs.

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 and strategy to go beyond clinical outcomes and support patients in a holistic sense, taking into account and addressing wider issues such as housing, education and other social issues and health determinants. The values had been determined by all the staff collectively and included safe, respectful, educated, team working across the board. There was a clear mission statement understood and supported by staff. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The patient participation group (PPG) was active at meetings and the practice proactively sought feedback from patients which it acted on. We found evidence to support this by way of change and implementation of new protocols driven by feedback received. The practice had created a patient experience improvement action plan to increase patient satisfaction about all services. An example included continual monitoring and flexibility of staff levels and appointment diaries to meet patient demand and improve satisfaction, based on feedback received about the telephone appointment system.

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 the practice ran smoothly and effectively. We saw that :-

- The practice had seen some significant management changes, with a new practice manager being in post for five months. This had not affected the leadership at the practice which was strong and decisive from clinical and non-clinical staff.
- There was a clear staffing structure and staff were clear about their own roles and responsibilities which included management of long term conditions, admissions avoidance, infection control, safeguarding and data quality.
- A programme of pro-active, continuous, clinical and non-clinical, internal and external audits were used to monitor quality and to make improvements. The GPs

and practice manager took an active role to ensure that quality monitoring was consistently effective. Audits were undertaken as part of business as usual, rather than only when required.

- Practice specific policies were reviewed and up to date and available to all staff electronically and via paper providing a strong understanding of the performance of the practice. There were robust arrangements for identifying, recording and managing risks, and implementing mitigating actions.
- Staff training was above the average level required. For example all staff received some form of skills improvement, such as National Vocational Qualifications, Business Administration Certificates, management improvement skills and clinical improvement skills. Staff were monitored to undertake training in equality and diversity, dementia awareness, domestic abuse, challenging behaviour, cardiopulmonary resuscitation (CPR) and infection control as well as mandatory requirements.
- There was evidence of staff meetings between reception staff and senior management and we saw how information was disseminated to non-clinical staff via email and discussion.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. We saw an open and honest culture which was encouraged by all staff.

Regular clinical and non-clinical meetings were held and we saw minutes from those 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 felt confident doing so. 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.

A recently employed member of administration staff told us how they had put forward an idea for change and we saw how this had been discussed with the administration staff,

Are services well-led?

Good 

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

put into practice, reviewed and agreed as a way forward. The staff member had felt encouraged to suggest improvement, even though they had not been with the practice for very long.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging 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. A patient experience improvement action plan had been developed after the practice had reviewed the results from the national GP survey. There was an action for every point on the survey highlighting whether the result had increased or decreased from the previous year and a task, and owner, had been identified for every action required. These included actions such as meetings with the PPG following specific agendas, the provision of more patient choice with regards to preferred GP, increasing staff (new practice nurse), further training for reception staff, and many other ways in which patient satisfaction could be improved.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice, specifically

from one of the lead partners, which was promoted to all staff. The practice team was forward thinking and part of many local pilot schemes to improve outcomes for patients in the area. Some examples of these were :

- The Scottish Patient Safety Programme. The aim of this was to identify safety issues in the practice around the frequency of consultations, coding medical records, prescribing, interface with secondary care, allergies and readings of results.
- Working with Haelo - Making Safety Visible. Haelo is an innovation and improvement science centre which is based in Salford and owned by four strategic partners. Their mission is to positively influence the delivery of public services, restore hope and become a powerful agent for change by adding to the growing knowledge of how improvement works in theory and in practice.
- Productive Primary Care – The practice have embarked on a general practice improvement programme called General Productive Practice (GPP) which determines quality in prevention, long term conditions, acute care, patient experience and safety. The programme supports practices to build and improve on initiatives they have already implemented. The main objectives for this practice were to use the same analysis and test methods they had put into their telephone appointment system and change other aspects of patient care such as prescriptions, staffing, resources, front of house, referrals, and back office.

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.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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