

Conway Road Medical Practice

Quality Report

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Date of inspection visit: 12/04/2016

Date of publication: 01/06/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Conway Road Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Conway Road Medical Practice on 12 April 2016. 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.
- Lessons were learned, information was shared and action was taken to reduce re-occurrence when incidents were raised. A number of positive incidents were shared during the inspection but these had not been recorded.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. All the patient feedback we received was positive.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said that improvements had been made with the appointment system and they found it easy to make an appointment with a named GP. They said there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw some areas of outstanding practice:

Summary of findings

- The practice had made arrangements to attend local schools to educate pupils about how to manage their physical and mental health, advise them about the different services available to them and encourage them to seek help when necessary without concern about confidentiality. The point of this was to educate more young people to manage their health at a younger age and therefore reduce long-term conditions in the future.
- They encouraged and assisted staff to progress in their careers. For example they mentored, supported and paid for a member of staff to progress from a health care assistant to a registered practice nurse.

The areas where the provider should make improvement are:

- A member of the clinical team should have a lead role for infection control and staff in infection control lead roles should receive appropriate training to enable them to carry out that role effectively.

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.

- There was an effective system in place for reporting and recording significant events.
- We saw evidence that lessons were shared with all staff to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology. They 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 patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- During the inspection we saw evidence and a number of examples where patient care had been altered and catered for according to the needs of patients and patient centred care was the ethos of the practice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- We saw evidence that a number of services such as the telephone system, appointments and staffing levels had been changed to accommodate the needs of their patient population.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- 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. The partners encouraged staff to develop their skills and progress in their careers.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All practice staff were dementia friends and one member of the team was a dementia champion. They had not yet utilised this role to the benefit of older patients and recognised this was an area that could be developed further.
- The practice was responsible for patients in the surrounding care homes and visited regularly whenever requested. All patients had care plans which were regularly reviewed.
- Nursing homes and family members were given the GPs' mobile telephone numbers to utilise for continuity of care during times of ill health or end of life.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetes indicators in the Care Quality Commission's Data Pack showed that the practice was performing higher than the national average in all aspects. In one example the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 100% compared to the national average of 94%.
- Longer appointments and home visits were available when needed and patients with multiple long term conditions had priority alerts on the computer system if necessary.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

The practice is rated as good 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, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- Appointments had been adjusted according to demand so that they were available outside of school hours and the premises were suitable for children and babies.
- Data from the Care Quality Commission's Data Pack showed that the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was higher than the national average at 87% compared to 82%.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had initiated liaison with local schools following an awareness session delivered by Trafford Youth Group to the staff. The session had highlighted that many young people were not comfortable accessing general medical services due to a lack of trust and understanding. The practice had now arranged to attend schools in the area to make themselves visible as GPs, show they were caring and trustworthy, raise awareness about health management and encourage young people to access services with confidence and privacy.

Good



Working age people (including those recently retired and students)

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- They also offered text messaging reminders and an electronic prescribing service.
- Saturday morning appointments and evening appointments were also available on request at the practice however these were only pre-bookable and were not for emergency.

Good



Summary of findings

Information about this service was available on the practice website but patients who did not use the website may not have been aware of them. When we pointed this out to the practice they put a sign up for patients' attention.

- In addition Saturday morning appointments were available with a GP or nurse at a neighbouring practice as part of the CCG-wide scheme for extended hours.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability and had visited patients at a women's shelter.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations provided examples where they had been personally involved in ensuring the wellbeing of vulnerable patients in times of crisis.
- 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.

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).

- Data showed that interventions for patients with mental health conditions were higher than the national average. For example The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, was 97% compared to the national average of 88%. The percentage of patients in that category whose alcohol consumption had been recorded was 95% compared to the national average of 89%.

Outstanding



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and 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 and we saw examples where person-centred care and treatment was offered which maintained positive impact for the patients concerned.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had excellent understanding of how to support patients with mental health needs and dementia. They gave examples where information about specific patients had been shared with all staff so that they understood how to provide care and treatment when these patients presented in crisis.
- The practice had made arrangements to attend local schools to educate pupils about how to manage their physical and mental health, advise them about the different services available to them and encourage them to seek help when necessary without concern about confidentiality. The point of this was to educate more young people to manage their health at a younger age and therefore reduce long-term conditions in the future.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line or better than local and national averages. 280 survey forms were distributed and 118 were returned which was a 46% return rate. This represented 1.5% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 73%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. All the comments referred to caring and helpful staff, doctors who listened carefully and a strong mutual respect. Words such as amazing and superb were used to describe the doctors.

We spoke with five patients during the inspection and one member of the patient participation group. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- A member of the clinical team should have a lead role for infection control and staff in infection control lead roles should receive appropriate training to enable them to carry out that role effectively.

Outstanding practice

We saw some areas of outstanding practice:

- The practice had made arrangements to attend local schools to educate pupils about how to manage their physical and mental health, advise them about the different services available to them and encourage them to seek help when necessary without concern about confidentiality. The point of this was to educate more young people to manage their health at a younger age and therefore reduce long-term conditions in the future.
- They encouraged and assisted staff to progress in their careers. For example they mentored, supported and paid for a member of staff to progress from a health care assistant to a registered practice nurse.

Conway Road Medical Practice

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 practice nurse specialist adviser and an Expert by Experience.

Background to Conway Road Medical Practice

Conway Road Medical Practice is situated on Conway Road, Sale and is accessible by car and by public transport to nearby Sale railway station and also by tram. There is space to park immediately outside the practice with disabled car parking and it is also possible to park on the streets immediately adjacent to the building. Central Sale has a mixed and transient population including affluent areas, social housing and specialised housing. The area is mixed in deprivation and there are a number of migrant workers whose first language is not English.

The building is owned by NHS Property services and in addition to the GP practice it also hosts Sale Community Services which includes services such as community matrons,

The practice offers services to 8,000 patients under a Personal Medical Services Contract and as well as general medical consultations they also offer a number of specialist clinics and services such as cervical smears, travel advice and immunisations, maternity care, diabetic care, asthma reviews and cryotherapy which is the use of extreme cold to kill or remove cancer cells.

There are three full time GP partners, a full time salaried GP and a part time salaried GP and a proportionate mix of male and female. They provide 36 clinical sessions per week and have separate and specific sessions to undertake administrative requirements. The practice's long standing nurse has recently left and has been replaced by two part time nurses who are available four days a week. The practice nurses run clinics for long-term health conditions such as asthma or diabetes, minor ailment clinics and carry out cervical smears. The GPs are also able to carry out cervical smears. In addition a health care assistant provides blood pressure checks, health checks and smoking cessation advice

The practice is open Monday to Friday 8am until 6.30pm and closed at weekends. Appointments are available from 8.30am until 6.20pm at scattered times with the different GPs throughout the day to accommodate patient requirements. The practice also provide pre-bookable Saturday morning and evening appointments on request.

Saturday morning appointments with a GP or nurse are also available as part of the CCG-wide scheme for extended hours at a neighbouring practice.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 April 2016. During our visit we:

- Spoke with a range of staff including the three GP partners, two nurses, the practice manager and some of the reception and administration staff.
- Spoke to patients who used the service and a member of the patient participation group.
- Observed how patients were being cared for.
- Looked at sections of anonymised personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was 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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and made improvements where required.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example meetings identified discussions that had taken place and one of the actions taken involved further training for staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. 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 and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained in child protection or child safeguarding to level 3 and nurses were trained to the appropriate level 2. In addition all staff had undergone training to prevent terrorism.

- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead. There was an infection control protocol and recent hand hygiene audits had been carried out. Annual infection control audits were also undertaken and we saw evidence that action was taken to address any improvements identified as a result. There was no current clinical lead for infection control as that role had been held by the departing nurse.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- No controlled drugs were kept on the premises
- We reviewed six personnel files and found 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.

Are services safe?

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 which identified local health and safety representatives. 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 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and the GPs covered each other's planned and unplanned periods of leave.

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. A first aid kit and accident book were available.
- We found that the emergency medicines were not easily accessible to staff in a secure area of the practice and pointed this out at inspection. Immediately a more accessible place was found, new more accessible adrenaline boxes were prepared and all staff were informed of the new location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available.

There were no clinical domains where exception reporting was significantly higher than the CCG or national averages. 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 higher or substantially higher when compared to the national average. For example :-

- The percentage of patients with diabetes, on the register, in whom the last recommended blood test was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 79% compared to 77% nationally.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 89% compared to 78% nationally.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 100% compared to 94% nationally.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 88% compared to 81% nationally.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 95% compared to 88% nationally.

Performance for mental health related indicators was better or the same when compared to the national average. For example :

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 96% compared to 88% nationally.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% compared to 89% nationally.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 84% compared to 84% nationally.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to 94% nationally.

There was evidence of quality improvement including clinical audit.

- There had been more than two full cycle clinical audits completed in the last two years where improvements were identified, implemented and monitored. These included an audit on cardiology referrals and an audit on pregnancy induced diabetes.
- Findings were used by the practice to improve services and we saw evidence that a substantial amount of

Are services effective?

(for example, treatment is effective)

continual monitoring took place. Changes were made to support improvement. For example, the practice noticed that a high influx of appointment requests were being made for children after 3pm and the practice adjusted their appointment system to accommodate these. In addition they introduced telephone consultations to meet with demand following an influx of patients. Continual discussion and monitoring of the new system highlighted that it was not effective and it was therefore removed.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements such as those patients identified as having pregnancy induced diabetes were invited to attend for required blood testing with an invitation for annual testing as per current guidelines. Alerts were placed on the records of patients who had not returned bowel screening tests and they were reminded, given information and pro-actively encouraged to complete the test if and when they attended for other reasons.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and giving travel advice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice was mentoring the community matrons to increase communication and understanding of each others' roles and to reduce duplication of work.

They also worked with other health and social care professionals when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, mental health and drug misuse. These patients were supported by the practice as much as possible and were signposted to the relevant services for more support once all avenues within the practice had been explored.

The practice's uptake for the cervical screening programme was 88% which was higher than the national average of 82%. The GPs and nurses at the practice undertook cervical smears. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening

test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 93% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. We saw that staff knew and understood the patients who attended at the practice. We observed staff dealing kindly and patiently with agitated patients waiting to be seen other services also situated in the building and not direct patients of the practice itself.

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

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one of the members of the patient participation group (PPG). They 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 and we saw evidence of this during the inspection.

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

- 92% of patients said the GP was good at listening to them compared to the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

Care planning and involvement in decisions about care and treatment

Patients told us they 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised, included family members and provided mobile telephone contact numbers of the GPs for patients and their families who might need them.

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:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. Some staff members were also able to use French, German and Spanish to help patients with those languages. There were no notices in reception to inform patients that translation services or leaflets in other languages were available. However the practice was limited in the amount of information they could display as the building did not belong solely to them. Staff did provide examples where different languages, interpreters and family assistance was used and where alerts were placed on patients records advising of their preferred translation requirements.
- We were also shown examples where profoundly deaf and partially deaf patients were helped in their communication and how one deaf patient is now able to communicate directly with the practice using email.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carer's notice board, written information and information on the practice website available to them. A member of the Trafford Carer's group had been invited to utilise a room at the practice to assist patients but the service had not been sufficiently used to sustain its need.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. A note of terminally ill patients and those who had recently passed away was kept in reception where it could be seen by all the staff.

The practice staff and particularly the GPs demonstrated examples where concerns for a number of patients had resulted in actions taken which went beyond their core services. These included securing a person's property when they were admitted to hospital, training staff on the specific needs of a patient with mental health difficulties, grocery shopping, prescription delivering and looking after the pets of vulnerable patients.

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 pre-bookable appointments on a Saturday morning and in the evening at their practice with their GPs when appropriate and when requested.
- The GPs as well as the nurses carried out cervical smears and kept their training up to date.
- The practice offered cryotherapy services which is the use of extreme cold in surgery or other medical treatment.
- Provided longer appointments for patients with a learning disability, language barriers, other disabilities or any reasons where longer appointments were required.
- Offered home visits for older patients and patients who had clinical needs which resulted in difficulty attending the practice and attended the local and surrounding residential and nursing homes when required..
- Provided same day appointments for children and those patients with medical problems that require same day consultation. We saw that same day appointments were available and that no one was turned away when required.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- All practice staff were dementia friends and there was a dementia champion to help staff to understand those patients living with dementia or those with a learning disability. Other adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. The practice were attending local schools to breakdown barriers perceived by young people about general medical services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were variable throughout the day during those hours and were tailored to patients requirements wherever possible such as after 3pm for

school children. Extended hours appointments were provided on demand at evenings and on a Saturday morning but these were not advertised on the practice website. Saturday morning appointments were available with a GP or nurse at a neighbouring practice as part of the CCG-wide scheme for extended hours.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice population had increased by 674 new patients over the last year and an average of five new patients per day. We saw evidence that the practice were continually reviewing and changing their services where they could to accommodate the needs of their patients.

Listening and learning from concerns and complaints

We saw that the practice had a limited space for posters and leaflets and that the practice leaflet and website was utilised to update patients with information such as concerns and complaints.

There was 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.

We looked at six of the complaints received in the last 12 months and saw that they were handled appropriately. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For

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

example reception staff received additional training and a change of protocol following an error when entering new patients on the system, and telephone calls were monitored to assist with investigations into concerns.

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 which was displayed on the practice website and in the staff handbook. It was promoted to staff and they all knew, understood and shared the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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. These policies were reviewed and kept up to date and staff were aware of the contents.
- A comprehensive understanding of the performance of the practice was maintained and staff were included in the practice achievements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. As well as clinical audit there was evidence that the practice was continually monitoring and reviewing their services to meet the needs of their population.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care and we saw evidence to that effect. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held more than once a year and the whole practice were going out, paid for by the partners, as a team building exercise and to thank staff for their involvement in the inspection process.
- Staff were motivated and rewarded financially in relation to QoF targets which helped the practice succeed and also acknowledged the hard work of the team. Christmas bonuses were given and personal achievements and birthdays were celebrated. One of the partners often baked and brought in cakes for staff.
- 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.
- The three partners worked together and demonstrated that their management, governance and organisation

Are services well-led?

Good 

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

was of high quality and aimed to deliver quality person centred care. The partners were agreed in supporting the learning needs of their staff. A member of staff had been encouraged to develop and obtain a nursing degree and was now qualified and working at the practice as a practice nurse.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through regular appraisals, staff surveys, staff away days and staff meetings. Discussions were open and encouraging and staff told us they would not hesitate to give feedback. They said they felt involved, engaged and listened to and their opinions were acted on to improve how the practice was run.
- In the past the practice did not have a practice manager and during the course of day to day monitoring of the

service they identified that things were not being done as they should be. They sought and paid for advice from a consultant to review and benchmark what the practice could do to make it better. Action plans included employment of a practice manager and this was achieved.

- The practice also reviewed their telephone and appointment system once the practice manager was employed and these have been continually reviewed to make sure they are working to their optimum use.
- Feedback from the patient participation group (PPG) was that many of the issues were outwith the control of the practice because of building constraints. However the practice did listen to the requests of the PPG and make changes where ever possible.

Continuous improvement

There was a 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.

Discussions with the Clinical Commissioning Group highlighted that work was being duplicated when patients were discharged from hospital because the practice and the community matrons were getting involved. As a result of this the practice are in direct discussion with the community matrons to review each others' roles and cut down on the duplication.