

Washway Road Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Washway Road Medical Practice on 19 February 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.
- Risks to patients were assessed and well managed with exception of a risk associated with the duty doctor role.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice participated in the Trafford Care Co-ordination Service supporting patients admitted and discharged from hospital, sharing relevant information, and ensuring patients received appropriate follow up care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment, but not with a named GP. Urgent appointments were 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 and the provider was aware of and complied with the requirements of the Duty of Candour.
- The practice regularly supported national campaigns. In January 2016 they promoted cervical

Summary of findings

cancer prevention, highlighting and encouraging females to attend screenings and in February they were supporting the British Heart Foundation's Beat it campaign encouraging patients to give up smoking.

We saw several areas of outstanding practice:

- The partners at the practice were instrumental in education within the practice and throughout the Clinical Commissioning Group. For example, one of the partners had been the education lead for Trafford CCG since 2009 and had in that time implemented the quarterly Trafford-wide education event which offered an opportunity for clinicians and practice managers to stay informed and up to date with current practice and policy. They also hosted the GP forum which was a monthly clinical meeting with guest speakers and educational debates.
- The staff at the practice demonstrated evidence where they had gone over and above requirements on occasions and perceived these examples to be part of their everyday core services such as helping vulnerable patients and creating leaflets, booklets

and information packs to improve patient knowledge/self-help and fundraising. They were the only people to attend the funeral of a patient who lived alone with no relatives.

We also saw areas where the practice should improve :

- Audits did not always demonstrate improvement. Performance for some of the QoF indicators remained lower than the national average despite identification and increased prevalence in these areas. In particular these related to diabetes, chronic obstructive pulmonary disorder (COPD) and asthma related indicators where there were large variations compared to the national averages.
- Nursing staff responsible for patients with long term conditions such as those mentioned above did not cross cover.
- Most risks to patients were assessed and well managed. However significant events had identified that the role of the duty doctor required further review to establish whether it was necessary to reduce workload and increase patient safety.

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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Most risks to patients were assessed and well managed. However significant events had identified that the role of the duty doctor required further review to establish whether it was necessary to reduce workload and increase patient safety.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed most patient outcomes were average for the locality. However performance indicators for diabetes, COPD and asthma were low compared to the national average. The practice indicated high prevalence and low exception reporting (exclusion of patients from the data for specific reasons) to explain the low figures.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits mostly demonstrated quality improvement and demonstrated where improvements were required however outcomes for some performance indicators remained lower than average although audits had been carried out.
- Staff had the skills, knowledge and experience to deliver effective care and treatment although practice nurses did not share the same skills and could not therefore cover each other's roles.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

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 in line with or higher than others for almost all aspects of care such as helpful receptionists, receiving enough time, being listened to, being involved, receiving explanations and generally being treated with care and concern.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture where staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieve this such as helping vulnerable and disadvantaged patients and fundraising.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. They participated in the Trafford Care Home enhanced service and had input into developing the service specification.
- Patients said they found it easy to make an appointment but not with a named GP. Urgent appointments were available the same day. The practice were continually reviewing their appointment system and waiting times to meet patient demand.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Patients with communication difficulties were asked how they would prefer to communicate with the practice for example by phone, email, text, fax or type talk. Type talk is a service run by the Royal National Institute for Deaf People (RNID). It is a telephone relay service which enables deaf, deaf blind, deafened, hard of hearing and speech impaired people to communicate with hearing people by telephone. Staff were trained in its use.

Good



Summary of findings

- 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.
- The practice used many means of communication to gain patient experience and changed their services accordingly such as providing a duty doctor role to deal with emergencies, and offering in-house phlebotomy and carer, alcohol and mental health support on demand.

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 this.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The partners at the practice were instrumental in education throughout the Clinical Commissioning Group and had implemented the quarterly Trafford-wide education event giving clinicians and practice managers opportunities to stay informed about current practice.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided on-site phlebotomy clinics. Patient feedback had evidenced a positive impact on older patients who could make appointments at the practice meaning they did not have to travel long distances and wait long times at drop in clinics.
- They took part in local enhanced services for the elderly, and had improved on the protocol by developing standardised templates for clinical assessment, medicine optimisation and advanced care planning. They had upgraded their clinical system to alert clinicians of those patients at risk of dementia.
- They had successfully bid to provide general medical services to a local intermediate care facility.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management such as diabetes, COPD and asthma. However the nursing staff did not cross cover.

Three of the performance indicators for patients with long term conditions were significantly lower than the national average.

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP was 63% compared to the national average of 75%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 77% compared to the national average of 89%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 73% compared to the national average of 88%.

Requires improvement



Summary of findings

Each clinical area had a GP lead with overall responsibility and longer appointments and home visits were available when needed.

Patients at risk of hospital admission were identified as a priority and given longer appointments when required.

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. This was achieved in part due to a selection of Saturday morning clinics held specifically for 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 were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice took a positive approach to identify and engage with patients and families with alcohol dependence.

Good



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 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, including text message reminders and the ability to cancel appointments by text.
- Saturday morning appointments were available at a local hub and the practice provided in-house phlebotomy clinics on an appointment basis.

Good



People whose circumstances may make them vulnerable

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

Outstanding



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice demonstrated examples where they had acted to promote the wellbeing of individual patients beyond the commissioned service.
- They identified their most vulnerable patients on their clinical system.
- They offered longer appointments for patients with a learning disability and regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- The practice had developed templates in Dementia and Mental Health which had been shared across Trafford to improve the quality of the dementia review and to reduce variation. In doing this their prevalence of patients with dementia had increased and performance indicators had improved.
- Mental health performance indicators such as recording alcohol and smoking status for patients with a mental health condition had improved.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published January 2016. The results showed the practice was performing in line with local and national averages. 290 survey forms were distributed and 125 were returned. This represented less than 1% of the practice's patient list.

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 74% described the overall experience of their GP surgery as fairly good or very good (CCG average 75%, national average 73%).

- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. They mentioned the practice as professional, excellent, clean and caring. They praised the staff.

We spoke with seven patients during the inspection and four patients after the inspection over the telephone. All of those patients said they were happy with the care they received and thought staff were approachable, committed and caring. We also saw hundreds of comments from the friends and family test and noted that they had been analysed, responded to and improved upon over the 12 months we reviewed.

Areas for improvement

Action the service SHOULD take to improve

- Audits did not always demonstrate improvement. Performance for some of the QoF indicators remained lower than the national average despite identification and increased prevalence in these areas. In particular these related to diabetes, chronic obstructive pulmonary disorder (COPD) and asthma related indicators where there were large variations compared to the national averages.
- Nursing staff responsible for patients with long term conditions such as those mentioned above did not cross cover.
- Most risks to patients were assessed and well managed. However significant events had identified that the role of the duty doctor required further review to establish whether it was necessary to reduce workload and increase patient safety.

Outstanding practice

We saw several areas of outstanding practice:

- The partners at the practice were instrumental in education within the practice and throughout the Clinical Commissioning Group. For example, one of the partners had been the education lead for Trafford CCG since 2009 and had in that time implemented the quarterly Trafford-wide education event which offered an opportunity for clinicians and practice managers to stay informed and up to date with current practice and policy. They also hosted the GP forum which was a monthly clinical meeting with guest speakers and educational debates.
- The staff at the practice demonstrated evidence where they had gone over and above requirements on occasions and perceived these examples to be part of their everyday core services such as helping

Summary of findings

vulnerable patients and creating leaflets, booklets and information packs to improve patient knowledge/self-help and fundraising. They were the only people to attend the funeral of a patient who lived alone with no relatives.

Washway Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Washway Road Medical Centre

The practice is situated at 57 Washway Road on the main A56 and offers services to 15,000 patients within the surrounding catchment area of Sale. A smaller catchment area has been set up to accept new patients. There is ample car parking, disabled car parking and disability access, facilities for the hard of hearing, mother and baby facilities and an independent pharmacy on the site.

They provide a range of General Medical Services and offer additional services such as minor surgery, joint injections, coils and implants, phlebotomy, services into surrounding care homes and alcohol interventions. They also provide Directed Enhanced Services (DES) which are incentive based schemes linked to nationally agreed priorities for patients. Those included timely diagnosis of patients with dementia, minor surgery, immunisations and profiling and case management, which checks high risk patients on a quarterly basis and ensures they receive the most appropriate interventions.

The practice staff consist of a mixture of nine male and female GP partners, two non-clinical partners (practice managers), two nurse practitioners, two practice nurses,

and a health care assistant. The clinical staff are supported by a number of administration and reception staff. They are a teaching and training practice of medical students and junior doctors and currently are training two GP registrars who see patients under supervision.

The practice doors open 8am until 6.30pm Monday, Tuesday, Thursday and Friday. General telephone lines are open 8.30am until 6.30pm Monday to Friday. On Wednesday the practice doors open at 7.15am until 6.30pm and is closed between 1pm and 2pm for training. Appointments are available at staggered times during those hours to make best use of car parking space and optimise appointment times to suit patient need and GP availability. Extended hours appointments are available until 7pm on two evenings each week and Saturday morning appointments are available at a local practice. Appointments can be made by telephone, attending at the practice, using the website or by text.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 February 2016. During our visit we:

- Spoke with a range of staff including two practice managers, five of the GPs, a practice nurse and nurse practitioner and general and administration staff.
- Spoke to eleven patients who used the service.
- Observed how patients were being cared.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards and other means where patients and members of the public had 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 practice carried out a thorough analysis of the significant events but did not always demonstrate learning from the findings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. The practice kept a summary of learning from significant events which identified the date of the meeting that took place, those in attendance, the event, the action and the learning. Where staff had not attended, the document was available for review if felt appropriate. Not all events and learning were shared between all members of staff. We saw examples where actions had been taken and lessons had been learned and shared. The partners agreed between themselves whether learning was appropriate and effective.

Three out of the ten significant events shared by the practice, happened as part of the duty doctor role (a role the practice had developed to meet the demand of requests for urgent patient attention). Concerns were raised during review of those events about whether this revealed a greater problem with regard to overwhelming workload on duty days. None of the learning or recommended actions arising out of those events identified what, if anything, could or would be done to reduce the duty doctor workload and increase patient safety.

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

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 in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurse practitioners was the infection control clinical lead and 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). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored but there was no formal monitoring system in place to record these.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were 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. An audit of ineffective samples had been undertaken by the practice nurse and this had identified very low numbers.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and 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 that enough staff were on duty, however not all staff were able to cross cover each other's roles for example during planned and unplanned leave and the role of the duty doctor had been identified as particularly challenging.

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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice recognised that giving patients information in formats they could understand was important across all clinical areas. They used a tool developed by NICE and provided by Trafford Clinical Commissioning Group (CCG) to explain to patients the risks of anticoagulation and bleeding in atrial fibrillation. This provided positive outcomes by empowering patients and giving GPs confidence that they were providing correct information. The practice had identified a reduction in the need to refer individual patients to cardiology as a result.

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 92.3% of the total number of points available, with 5.3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). CQC data identified that the practice were outliers for three of the QoF indicators :-

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP was 63.4% compared to the national average of 75.3%.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 76.9% compared to the national average of 89%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 72.9% compared to the national average of 88.3%.

All but one of the diabetes related indicators were lower than the national average.

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 80% compared to the national average of 77%.
- 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 72% compared to 78%.
- 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 89% compared to 95%
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 75% compared to 81%
- 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 73% compared to 88%.

Performance for patients diagnosed with mental health conditions were similar to the national averages for example :

- Patients with schizophrenia, bipolar affective disorder and other psychoses with a comprehensive, agreed care plan documented in the record was 89% compared to the national average of 88%.

Are services effective?

(for example, treatment is effective)

- The percentage of those patients whose alcohol consumption has been recorded was 86% compared to 90% nationally.
- The number of practice patients diagnosed as having dementia was 75% which was higher than average for Trafford CCG at 68%. The percentage of those patients diagnosed with dementia whose care had been reviewed in a face to face consultation in the preceding 12 months was the same as the national average at 84%.

The practice carried out regular clinical audits to assess, evaluate and improve the care of patients. A number of clinical audits demonstrated improvement and they provided a number of examples including :

- A minor surgery audit in 2015 which identified a zero rate of post-operative infection issues; regular audits of chronic disease management and ways to increase cancer screening attendances using text messaging.
- Another audit carried out identified patients at higher risk of developing diabetes. Following that audit the practice went on to develop a protocol for consistent coding and management of patients with diabetes.
- Following significant events, audits were undertaken to ensure that appropriate actions were being taken and maintained. One of those audits reviewed demonstrated improvement over two fully completed cycles and annual repeats were recommended to ensure improvement was maintained.

The practice also participated in local audits, national benchmarking, accreditation, peer review and research and the practice aimed to use findings from research to improve services. For example :

- The practice were involved with the Salford Lung Study, recruiting 128 patients to the COPD and asthma studies.
- Performance relating to COPD and asthma indicators remained lower than average.
- They also developed practice templates in Dementia and Mental Health which were been shared across Trafford in order to improve the quality of the dementia review and to reduce variation. In doing this their prevalence of patients with dementia had increased and performance indicators were in line with national averages.

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. It 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, those working in reception and administration who could cross cover each other's roles. Nursing staff, reviewing patients with long-term conditions, did not cross cover for all conditions.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We saw that all the staff apart from one of the practice manager partners, had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.
- The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those who were most vulnerable. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 81%. There was a policy to offer telephone and text reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening with uptake of 75% and 53% respectively.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 92% to 97%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice had a mobile telephone number recorded for 73% of their patient population and used text messaging reminders for patient appointments but also to promote health education such as cervical screening reminders, smoking cessation and seasonal flu invitations.

Supporting patients to live healthier lives

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 33 Care Quality Commission comment cards from patients. All the cards apart from one had positive comments about the staff, the treatment and the environment. Four of the cards commented difficulties with access. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with seven members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said that as a group they felt involved, listened to and able to make a difference.

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

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 88%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)

- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

The practice reviewed the results from this and other surveys and acted on the information collated, making changes where possible to improve patient satisfaction.

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Three patients mentioned lack of continuity of care when they were unable to see the same GP about on-going conditions.

Results were in line with local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 84% , national average 82%)
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% , national average 85%)

The number of patients in the practice population that did not speak English was low. However, staff told us that translation services were available for patients and

Are services caring?

demonstrated understanding of when and how the service might be used. We saw notices in the reception areas and on the practice website informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also sent out regular newsletters which provided patient information about themes of the month such as quitting smoking, how to look after your heart and other health related matters.

The practice's computer system identified, coded and alerted GPs and all other members of staff if a patient was also a carer. The practice had identified that 247 of their population of patients were carers. Written information was available to direct carers to the various avenues of support available to them. In addition the practice provided a room

to a carer's adviser on a fortnightly basis. Patients could book directly in to this service or request a call for advice. The members of the patient participation group told us that this service was positive for the practice patients.

A note of terminally ill patients and those who had recently passed away was kept in reception where it could be seen by all staff. This was done to ensure that staff were always up to date with patient and family circumstances and to make sure that all the necessary checks were carried out following bereavement such as updating the patient records, sending cards and ensuring that no correspondence was sent inappropriately. Calls were made to establish if support was required and staff had attended the funerals of some patients.

The practice demonstrated examples where concern for a number of patients had resulted in actions taken which went beyond their core service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice provided general medical services to six residential care homes for the elderly, a residential home and a 62 bedded care home for patients with mental health issues, and three residential care homes for young adults and those with severe learning and physical disabilities. The practice also :

- Participated in the Trafford Care Home local enhanced service (LES) with input into development of the service specification.
- Ran an appointment controlled phlebotomy service and evidenced improved outcomes for elderly patients and carers who preferred a timed appointment rather than a drop in clinic.
- Offered interventions for alcohol excess and prescribing support for community detoxification through shared care with Trafford Alcohol Services.
- Created templates and shared them with other services such as the Community Mental Health Team.
- Jointly worked with local dementia friendly services to promote "What's on Where" guides for patients.
- Carried out minor surgery, joint injections, contraceptive implants & coils fits, cervical screening and NHS Health Checks.
- Had same day appointments for children and those with serious medical conditions.
- Recognised the needs of the elderly and held a register of housebound patients who required annual health reviews.
- Held chronic disease management clinics such as heart disease, stroke, asthma and chronic obstructive pulmonary disease (COPD), diabetes and hypertension.

Access to the service

The practice was open Monday, Tuesday, Thursday and Friday between 8am and 6.30pm. On Wednesday they

opened from 7.15am until 1pm and then from 2pm until 6.30pm. Extended hours were offered until 7pm on two evenings each week and Saturday morning appointments were available at a local practice. Appointment times varied during opening hours and were staggered in order to make best use of car parking space. Pre-bookable appointments were available up to three weeks in advance and a mix of face to face and telephone appointments were offered.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 73%.
- 46% patients said they always or almost always see or speak to the GP they prefer (CCG average 64%, national average 69%).

Feedback from patients we spoke to about ease of access was mixed. People told us on the day of the inspection that they were able to get appointments when they needed them but not always with the GP of their choice.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including patient leaflets available at reception and information on the practice website.

We looked at the summary provided by the practice of complaints and concerns received in the last 12 months and saw that they were handled in a satisfactory way. Lessons were learnt from concerns and complaints and action was taken to as a result to try to improve the quality

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

of care. We saw that staff were prompted to take action and make change with regard to specific or individual concerns which did not affect other patients. In addition the practice reflected and made changes to protocols where concerns resulted in trends that affected services as whole. Patients were informed through posters, newsletters when things went wrong and apologies were given.

In addition, the practice reviewed comments from the friends and family test. We looked at hundreds of comments received from patients each month between April 2015 and January 2016. Responses were anonymous and the practice used the information to analyse trends.

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 at the practice and on the practice website and staff knew, understood and upheld those values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values which 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensured high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave people who were affected reasonable support, truthful information and a verbal and written apology.
- They 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. They told us they felt confident in doing so and were supported if they did.
- The practice staff, including managers and partners, attended social outings throughout the year and at holiday times.
- 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.

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

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

- In addition to obtaining feedback through the friends and family test, the practice had purchased a system to enable them to analyse, respond to and improve on comments received.
- The practice had gathered feedback from patients through the patient participation group (PPG) which had been active since 2012. In response the practice had altered the information displayed on the waiting room television so that it was more relevant and easier to follow. Patients we spoke to commented positively about this. They had also updated their website so that it was more informative and easier to use. In addition,

Are services well-led?

Good 

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

the PPG were helping to educate patients about how to manage their own illnesses and where to find supporting services in a bid to reduce demand on appointments .

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The partners at the practice were instrumental in education within the practice and throughout the Clinical Commissioning Group (CCG). For example, one of the

partners had been the education lead for Trafford CCG since 2009 and had in that time implemented the quarterly Trafford-wide education event which offered an opportunity for clinicians and practice managers to stay informed and up to date with current practice and policy. They also hosted the GP forum which was a monthly clinical meeting with guest speakers and educational debates.

The practice had been training medical students and trainee GPs for many years. Over the years the practice had trained many medical students and trainees, two who had gone on to become partners at the practice. Audits and educational programmes carried out by trainees had resulted in positive outcomes for patients. For example an electronic information booklet for children with eczema won a prize from the Royal College of General Practitioners (RCGP) in 2015.