

Firsway Health Centre

Quality Report

121 Firsway

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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

On 16 January 2015 we carried out a full comprehensive inspection at Firsway Health Centre. The inspection was rated as requires improvement.

Improvements were specifically required in the following areas:

- Regulation 10 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2010, Assessing and monitoring the quality of service provision.
- Regulation 11 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2010, Safeguarding people who use services from abuse.
- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2010, Cleanliness and infection control.
- Regulation 13 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2010, Management of medicines.

- Regulation 21 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2010, Requirements relating to workers.
- Regulation 23 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2010, Supporting staff.

The Health and Social Care Act 2008 (Regulated Activity) regulations 2014 replaced the above regulations in April 2015.

This inspection took place on 19 April 2016 and was a focussed inspection to check improvements had been made. We inspected areas of each domain. We found all the required improvements had been made and the practice is now 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.

Summary of findings

- 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.
- 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 they found it easy to make an appointment with a 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.

- 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 two areas of outstanding practice:

- The practice had a system in place to monitor and review families at risk with health visitors. These meetings took place fortnightly. There was a code on the practice's computer system so that all clinicians were aware of there was an issue with a family.
- The practice had developed templates for use when prescribing certain medicines, for example oral contraception. Up to date NICE guidance was inbuilt into these templates as a prompt for GPs, all relevant facts could be considered.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had 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.
- The practice had a system in place to monitor and review families at risk with health visitors. These meetings took place weekly. There was a code on the practice's computer system so that all clinicians were aware of there was an issue with a family.

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 usually comparable 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.
- The practice had developed templates for use when prescribing certain medicines, for example oral contraception. Up to date NICE guidance was inbuilt into these templates as a prompt for GPs, all relevant facts could be considered.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients usually rated the practice slightly below 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.

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 were able to access appointments when they were needed. We saw urgent on the day appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- Regular meetings were held for staff of all levels. Reception staff had a short briefing twice a day and clinicians met each day at 11am for 10 minutes for a catch up.

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.
- A register of housebound patients was kept so timely visits could be made to review conditions and provide vaccinations.
- Patients living in residential or nursing homes had individual care plans that were regularly reviewed.

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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. A new system was in place so that all conditions could be reviewed during the same appointment.
- 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



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 comparable to the averages for all standard childhood immunisations.
- Childhood immunisation appointments could be made up to 7.30pm on certain days.

Good



Summary of findings

- 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, health visitors and school nurses. The practice had a system in place to monitor and review families at risk. Weekly meetings took place with health visitors so the practice was fully up to date with changes within family circumstances.
- Uptake for the cervical screening programme was comparable to the local and national average, and appointments for cervical screening could be made up to 7.30pm on certain days.

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 reflects the needs for this age group.
- Patients could contact the practice by email to avoid having to telephone or call in during working hours.
- The practice was open until 8pm two days a week to make it easier for patients who worked to access appointments.

Good



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 and those with a learning disability.
- 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.

Good



Summary of findings

- 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 regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- 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, with one being trained as a Dementia Friend.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 283 survey forms were distributed and 118 were returned. This represented 0.73% of the practice's patient list.

- 49% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% 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%.

- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 72% 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%.

We spoke with 10 patients during the inspection, including five members of the patient participation group (PPG). Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

- The practice had a system in place to monitor and review families at risk. Weekly meetings took place with health visitors so the practice was fully up to date with changes within family circumstances. There was a code on the practice's computer system so that all clinicians were aware if there was an issue with a family.
- The practice had developed templates for use when prescribing certain medicines, for example oral

contraception. Up to date NICE guidance was inbuilt into these templates as a prompt for GPs, so all relevant facts could be considered. We saw an example of a QOF figure relating to patients with hypertension improving during the year and GPs concluded this was due to the improved template developed by the practice.

Firsway Health 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, a second CQC inspector, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Firsway Health Centre

Firsway Health Centre is located in a large purpose built building in Sale. This is a two storey building with a large car park. There are consulting rooms on both floors and there is a passenger lift. It is fully accessible for patients with mobility issues. There is a pharmacy in the same building.

There are six GP partners (two male and four female) and four salaried GPs (one male and three female). There are also two nurse practitioners, four practice nurses and a healthcare assistant. The practice also has a practice manager, a reception manager, and administrative and reception staff. The practice is a training practice training medical students and trainee GPs.

At the time of our inspection there were 16,104 registered with the practice. The practice is overseen by NHS Trafford Clinical Commissioning Group (CCG). The practice delivers commissioned services under a General Medical Services (GMS) contract. The proportion of patients registered in the 40 to 54 age group is slightly higher than the national average, and patients have a slightly higher than average life expectancy.

Opening hours are 8am until 8pm on Mondays and Thursdays, and 8am until 6.30pm on Tuesdays, Wednesdays and Fridays.

There is an out of hours service available provided by a registered provider, Mastercall.

Why we carried out this inspection

This was a follow up inspection of the service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We inspected to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and had made improvements following the inspection carried out on 16 January 2015.

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 April 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, nurse practitioner, assistant practitioner, the practice manager and reception/administrative staff.
- We spoke with 10 patients, including five members of the patient participation group (PPG).
- Observed how patients were being treated at the reception desk.

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was 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.

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. The practice told us that following a medicines alert where they had implemented a change, the change was implemented across the clinical commissioning group (CCG) area.

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 when possible 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 to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. This information was also in each consulting room and on the website. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A list of trained chaperones was kept behind the reception desk.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency 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.
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. These included evidence of identity, references, qualifications and registration with the appropriate professional body. Disclosure and Barring Service checks had been carried out.

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. The practice

Are services safe?

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.

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.
- 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 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.
- In the past year the practice had developed templates for use when prescribing certain medicines, for example oral contraception or Disease-modifying anti-rheumatic drugs (DMARDs) (DMARDs work to decrease pain and inflammation, and can reduce or prevent joint damage). Templates were on the practice's computer system, and up to date NICE guidance was inbuilt into these templates as a prompt for GPs to aid clinical decision making and enhance patient safety.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available.

This practice was an outlier for any QOF for the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less. We saw that the QOF figure had improved in the past year and it was thought this was due to the improved template developed by the practice. The practice was also a QOF outlier for the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months. We saw this had also improved although it was no longer a QOF target.

Data from 2014-15 showed:

- Performance for diabetes related indicators was 94.1%. This was better than the clinical commissioning group (CCG) average of 90.2% and the national average of 89.2%.
- Performance for hypertension related indicators was 88.3%. This was worse than the CCG average of 97.4% and the national average of 97.8%.
- Performance for mental health related indicators was 91.1%. This was worse than the CCG average of 93.8% and the national average of 92.8%.

The practice informed us that data submitted for the year 2015-16 showed increased performance.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years that were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice kept an audit summary and had an audit plan in place to repeat audits and analyse results and improvements.

The practice had carried out a piece of work to identify patients who had pre-diabetes. Identified patients were given advice to reduce their risk of cardiovascular disease.

The practice also told us of a clinical risk safety audit they had commissioned following the previous inspection. They told us that 87% of the recommended actions had been completed.

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. There was also an induction pack for locum GPs and medical students.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. A lead nurse monitored training for the nursing team and ensured all training was up to date.
- 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 ongoing 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. This included 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 where care plans were routinely reviewed and updated for patients with complex needs.

The practice had fortnightly meetings with health visitors to monitor and review families at risk. This ensured all necessary agencies were up to date with changes within family circumstances. There was a code on the practice's computer system so that all clinicians were aware if there was an issue with a family.

The community midwives held a clinic in the practice building each week. Other services also held clinics at the practice, including urology and cardiology. The practice stated this helped to avoid unplanned admissions to secondary care and reduced travel for patients.

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.

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. Patients were signposted to the relevant service.
- Bluesci Support, a not for profit social enterprise supporting people's mental health and well-being, had a base in the building.

The practice's uptake for the cervical screening programme was 82.3%, which was comparable to the CCG average of 82.9% and the national average of 81.8%. Nurses told us they encouraged patients to book appointments if they were attending the practice for other reasons, and they spent time talking to patients who were nervous so they fully understood the procedure.

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

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.1% to 100% and five year olds from 93.9% to 96.4%.

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.

The practice had health promotion displays in their waiting area and they told us these changed monthly. Topics included cancer awareness and dementia awareness.

The system for reviewing patients with long term conditions had changed in April 2015. A new recall system was put in place so that patients had all their conditions reviewed during one appointment. If patients did not attend their appointment clinicians followed this up. The practice had found that this had made a difference and it meant they had low exception reporting for QOF.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We spoke with five members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was at or below average for 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 clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 88% and 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%
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the the CCG average of 87% and the national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 73% 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.

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 usually below local and national averages. For example:

- 87% 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%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%)

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 95 patients as

carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had a carers' coffee afternoon planned for the week following our inspection and we saw a representative from Trafford Carers was attending. The practice told us they had held a previous carer's coffee morning.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours until 8pm every Monday and Thursday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. There was a duty doctor allocated for children each day to ensure they could all be seen if necessary.
- The practice had put a text reminder service in place. This had reduced the number of appointments not attended by 47% in two months.
- Patients were able to receive travel vaccinations available on the and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 8pm on Mondays and Thursdays, and between 8am and 6.30pm on Tuesdays, Wednesdays and Fridays. In addition to pre-bookable appointments that could be booked up to two months in advance, urgent appointments were also available for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.

- 49% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%).

On the afternoon of our inspection we checked when the next available appointments were. We saw that an emergency appointment was available that afternoon and a pre-bookable appointment was available the following morning.

The practice recognised that there were issues with the telephone system. Changes had been made to the system and there was a daily analysis of all calls made to the practice. This included the number of calls made to the practice, the number answered and the number abandoned. This information was discussed at meetings so that new ideas to make improvements could be discussed.

The practice had a digital display and message board in the waiting area. If GPs or nurses were running late they included a message on this board to keep patients informed.

People told us on the day of the inspection that they were usually able to get appointments when they needed them.

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. This included a notice and a leaflet.

We looked at a summary of the 37 complaints received in 2015-16. Verbal and written complaints were recorded. We saw that complaints were satisfactorily handled and investigated, dealt with in a timely way, and responded to appropriately. Patients were given information about who to contact if they were not satisfied with how their complaint had been dealt with. Complaints were discussed in meetings to ensure lessons were learned.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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. There had been several changes in personnel since our inspection in January 2015 and the new staffing structure was working well.
- 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

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. 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. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management. Staff told us the practice held regular meetings.

- Reception staff had a briefing everyday at 8am and 1pm to update staff on duty for each shift. They also had monthly meetings.
- Every morning at 11am the clinical team, including nurses and GPs, had a 10 minute get together at 11am. We saw that this time was blocked out so the team had no appointments with patients. The staff we spoke with told us they found this time particularly helpful.
- The nursing team had a monthly meeting. They also attended clinical meetings (for the GPs and nursing team) every two weeks.
- The GP partners met every two weeks.
- There was a weekly management meeting.
- The partners had an away day during the weekend once a quarter. This gave them the opportunity to focus on their improvement plan away from the practice.
- Meetings for the whole practice were infrequent but we saw that communication within the practice was good, with regular updates being given to all staff
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported at work.

Are services well-led?

Good 

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

- 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.
- Since our inspection there had been a high staff turnover. New staff had been recruited and were settled in their roles. We saw that staff worked well as a team and were well supervised.

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). Prior to the previous CQC inspection the PPG had been a virtual group, with very little communication taking place. A group now met every three months. We met with five members of the PPG. They told us that the group was not representative of the patient population but they were trying to improve this, for example by visiting school to encourage mothers to join. Some of the group were unsure of their remit. We saw that the group had been involved in discussing what improvements were required at the practice and they were able to give feedback. We also saw that they looked at the results of the friends and family test and could make suggestions.
- The PPG members told us the practice had been open with them about the results of the previous CQC

inspection. They had also shared information about staffing difficulties experienced since the inspection and they felt the practice acted in an honest way with them.

- We saw that feedback from the friends and family test was analysed and we saw an example of suggestions being implemented. For example, one feedback form commented that patients would like to know if GPs were delayed in surgery. As a result the practice arranged for a message to be included on the digital display in the reception area when required.
- The practice had gathered feedback from staff through regular meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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.

The practice had acted promptly when concerns about the practice were raised during and following the CQC inspection in January 2015. They had worked with the clinical commissioning group (CCG) and NHS England to ensure the required improvements were made and embedded into the practice. The practice had an ongoing action plan to monitor the improvements.