

# Huntley Mount Medical Centre

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Huntley Mount Medical Practice on 19 May 2016. The overall rating for the practice was requires improvement. The practice did not have effective systems in place to assess the risk of and to prevent, detect and control the spread of health care associated infection. Thorough recruitment and selection procedures were not in place and there was no clear system for the recall of patients with long term conditions and those who did not attend their follow-up appointments. Within an agreed timescale the practice submitted an action plan which demonstrated they are now meeting the requirement notices from this inspection. The full comprehensive report on 19 May 2016 inspection can be found by selecting the 'all reports' link for Huntley Mount Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out this announced comprehensive inspection at Huntley Mount Medical Practice on 24 January 2017. Overall 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.
- Thorough recruitment and selection procedures were in place.
- There was a clear system for the recall of patients with long term conditions and those who did not attend their follow-up appointments.
- There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken.
- 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.

# Summary of findings

- 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 named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- There was an innovative approach to the practice child nasal flu campaign. Flyers sent to all local schools and nurseries with relevant aged children in September 2016. Letters were also sent to all parents promoting nasal flu vaccination. Discussions were held with the head teacher of one school and letters were sent out to all head teachers promoting the benefit of nasal flu vaccination.

Area of outstanding practice:

- The practice staff organised a dementia awareness day working in consultation with national charities and local hospital consultants. This day was open to all Bury patients. Staff were also arranging a crown green bowling event in the park opposite surgery with Bury Council funding; this was planned for Summer 2017.

The areas where the provider should make improvement are:

- A detailed analysis of significant events should take place with detailed records kept of the findings and actions taken to address any changes to practice.
- A record should be kept of meetings held for the purpose of monitoring issues discussed.
- More detailed information needs to be recorded in clinical audits and a plan should be drawn up for the completion of future audits.

**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 a 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.
- Thorough recruitment and selection procedures were in place.
- Clinical staff were trained in the Prevent Agenda to raise awareness of their responsibilities to prevent people from being drawn into terrorism. Staff were also trained in female genital mutilation and modern day slavery.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- There was a clear system for the recall of patients with long term conditions and those who did not attend their follow-up appointments.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was part of the Bury extended working hours scheme which meant patients could access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays.

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.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- 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 practice team was forward thinking and had developed a practice improvement plan for 2017. The improvement plan addressed a range of issues to ensure the ongoing effective and efficient running of the business and the ongoing improvement to the service. For example, GPs were looking at providing consultation via SKYPE and a Healthy Minds counselling clinic was scheduled to start from our surgery for all Bury patients. An application for funding had been submitted to the Bury CCG to improve the existing premises and develop the services provided from the practice.

# 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 plans and assessments to meet the needs of the older patients in its population.
- Patients aged over 75 years had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits, medication reviews and urgent appointments for those with enhanced needs.
- The practice monitored patients over the age of 65 years and supported the national screening programmes with regard to providing health checks for breast and bowel screening and abdominal aortic aneurysm screening.
- General health checks were provided along with well man and woman checks.
- NHS Health Checks were provided for 40-74 year old patients.
- Flu, pneumonia and shingles vaccination clinics were held.
- Memory screening and dementia assessment/follow-up appointments were provided.
- Palliative care meetings took place to discuss patients who needed end of life care.
- Regular cancer care reviews took place with the necessary support arranged as needed.
- A health trainer ran a weekly clinic from the practice offering patients advice on smoking and alcohol cessation and maintaining a healthy lifestyle.
- Staff encouraged carers to register with the practice. They were offered flu vaccinations health checks as needed.
- A hearing loop was offered for patients with hearing difficulties.

Good



### People with long term conditions

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

- GPs, nursing staff and the pharmacists had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was below the CCG and the national average, for example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64mmol/mol or less in the preceding 12 months was 51%

Good



# Summary of findings

compared to the CCG and national average of 78%. On the day of the inspection the GP provided us with evidence to demonstrate improvements in this area. This evidence demonstrated that the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64mmol/mol or less in the preceding 12 months was 72% compared to the CCG and national average of 78%.

- 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. For those patients with the most complex needs, the named GP worked with relevant health care professionals to deliver a multidisciplinary package of care.
- Educational videos were played in the patient waiting area.
- Combined flu and pneumonia campaigns were carried out.
- GPs and nursing staff worked with local drug and alcohol support services.
- Patients were referred to Bury Exercise and Therapy Scheme for lifestyle improvement advice and information.
- The practice had completed the Gold Standard Framework Silver Programme for providing end of life care and regular palliative care meetings took place with relevant health care professionals.
- Clinical staff held regular cancer care reviews and arranged support as needed.

## 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 patients who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- There was an innovative approach to the practice child nasal flu campaign. Flyers were sent to all local schools and nurseries with relevant aged children in September 2016. Letters were also sent to all parents promoting nasal flu vaccination. Discussions were held with the head teacher of one school and letters were sent out to all head teachers promoting the benefit

Good



# Summary of findings

of nasal flu vaccination. Training on this strategy was given at a nurse immunisation training course. the practice provided data to indicate they had achieved 67% of patients receiving a nasal flu vaccination in 2015 /2016.

- 68% of women aged 25-64 had a cervical screening test performed in the preceding 5 years compared to the CCG average of 82% and the national average of 81%. On the day of the inspection the GP provided us with evidence to demonstrate improvements in this area. This evidence demonstrated that the practice uptake for the cervical screening was 81%.
- 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.
- Advice was available on contraception, cervical screening and breast assessment as well as well woman checks and NHS Health Checks.
- Midwives provided pre pregnancy counselling and antenatal care.
- Sexual health advice and checks were given along with chlamydia screening.
- Childhood vaccinations, flu and pneumonia vaccinations were provided for at risk groups.
- Patients were referred to the Bury health trainers and Bury Exercise and Therapy Scheme for advice on maintaining a healthy lifestyle including advice on smoking cessation.
- A local drug and alcohol team held regular clinics at the surgery.
- Telephone appointments were available.
- Clinicians were trained in child health surveillance.
- Staff promoted the Big White Wall, a local on-line pilot scheme to support 16-25 year olds with mental health problems.

## **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.

Good



# Summary of findings

- 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.
- Pre- bookable appointments and late evening appointments were available. Weekend appointments were available at the practice via the out of hour's service.
- On-line prescription requests were available.
- Telephone consultations were available with the GPs and practice nurses.
- A local drug and alcohol team held regular clinics at the practice.
- A health trainer ran a weekly clinic from the practice offering patients advice on smoking and alcohol cessation and maintaining a healthy lifestyle.
- Patients were provided with information about how to refer themselves to the Healthy Minds counselling service.
- GPs provided the meningitis vaccination for university students.
- The surgery promoted a local scheme called Helping Yourself to Wellbeing. This local scheme was designed to provide patients with the knowledge, skills and tools to improve their health and wellbeing.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.
- 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.
- There was a list of patients who may be at risk of abuse and harm and these patients were discussed regularly with relevant health care professionals.

Good



# Summary of findings

- Annual health checks were available to patients with a learning disability.

## 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).

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 88.73% and the national average of 84.01%.
- 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. Memory screening and dementia assessments with follow-up appointments were available with the same GP to ensure continuity of care.
- The staff had organised a dementia awareness day in the local community centre. Staff were also arranging a crown green bowling event in the local with Bury Council funding; this was planned for Summer 2017.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system 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. Staff worked closely with the Alzheimer's Society and GPs were trained in dementia care.
- Same day or next day appointments with a GP and longer appointments were available.
- GPs had regular contact with a local consultant psychiatrist for daily advice and support. GPs worked with Making Space, a local voluntary organisation for patients with dementia.
- Military Veteran services available were on site for all Bury CCG patients.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed mixed results compared to the national averages. 334 survey forms were distributed and 103 were returned. This represented 3.5% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% 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 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive

about the standard of care received. Patients commented that the staff were professional, caring and helpful and they were always treated with dignity and respect. Patients said that they felt listened to and the GPs and nurses explained any procedures in a way they could understand. They said the GPs had a good knowledge of their previous health conditions. Patients said that they would recommend the practice to their family and friends. One patient said that the service had improved in recent years. Most patients said it was easy to book an appointment.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. Results from the patient responses received in November and December 2016 showed the majority of patients would be 'extremely likely' and 'likely' to recommend the practice to friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

- A detailed analysis of significant events should take place with detailed records kept of the findings and actions taken to address any changes to practice.
- A record should be kept of meetings held for the purpose of monitoring issues discussed.
- More detailed information needs to be recorded in clinical audits and a plan should be drawn up for the completion of future audits.

# Huntley Mount Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and a GP specialist adviser.

## Background to Huntley Mount Medical Centre

Huntley Mount Medical Centre is located in Huntley Mount Road, Bury Manchester BL9 6JA. There is local parking and free on site parking and disabled parking. There are also public transport links close to the practice. Huntley Mount Medical Centre is situated within the geographical area of Bury Clinical Commissioning Group (CCG).

There is one male GP and two long term locum GPs, one male and one female. There are two practice nurses (both long term locums), a part time health care assistant and a part time locum pharmacist. All of these staff are female. The practice is supported by a practice manager and a team of reception and administration staff.

The practice is not a teaching practice but does take medical students.

The practice is open from 8 am to 6.30 pm Monday to Friday (except bank holidays). Appointments are between 8.30 am and 12.30 pm and 3 pm and 5.30 pm. Telephone appointments are available daily from 8 am to 6.30 pm.

Patients requiring a GP outside of normal working hours are directed to use the Bury and Rochdale Doctors On Call (BARDOC) using the surgery number.

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

Huntley Mount Medical Centre is responsible for providing care to 2931 patients.

## Why we carried out this inspection

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

A previous inspection had been carried out on 19 May 2016 and as a result requirement notices had been issued to the practice. This inspection was also to check the required improvements had been made.

## 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 24 January 2017. During our visit we:

# Detailed findings

- Spoke with a range of staff including the principal GP, a locum GP, the practice manager, the assistant practice manager, the practice nurse, the practice pharmacist and two members of the administration staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed policies, audits, personnel records and other documents relating to the running of the practice.
- Viewed the premises.

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

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing safe services. The arrangements in respect of staff recruitment procedures and the prevention of potential health care infections such as legionella were not implemented well enough to deliver a safe service.

These arrangements had improved when we undertook this full comprehensive inspection on 24 January 2017. The practice is now rated as good for providing a safe service.

### 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.
- 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.
- While the practice carried out an analysis of the significant events, this analysis needed to be more robust with detailed records kept of the findings and actions taken to address any changes to practice. The practice should also develop a system of reviewing past significant events to ensure that identified changes were embedded.

### 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 GP attended safeguarding meetings when possible and 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. Clinical and administration staff were trained in the Prevent Agenda to raise awareness of their responsibilities to prevent people from being drawn into terrorism. Staff were also trained in female genital mutilation and modern day slavery. 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. 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GPs was the infection control clinical lead. They 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

## Are services safe?

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 four 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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 system in place to ensure there were always enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were also 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing effective services. The arrangements to provide follow-up appointments for patients with long term conditions and to monitor patients who did not attend reviews and assessments were not implemented well enough to deliver an effective service.

These arrangements had improved when we undertook this full comprehensive inspection on 24 January 2017. The practice is now rated as good for providing an effective service.

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 87% of the total number of points available with an exception reporting rate of 5.2%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was worse the national average. For example, the percentage of patients with diabetes, on the register, in whom the last

HbA1c (blood glucose level) was 64 mmol/mol or less in the preceding 12 months was 51% compared to the CCG average of 79% and the national average of 78%. On the day of the inspection the GP provided us with evidence to demonstrate improvements in this area. This evidence demonstrated that the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64mmol/mol or less in the preceding 12 months was 72% compared to the CCG and national average of 78%.

- Performance for mental health related indicators was similar to the national average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months. This was compared to the CCG average of 91% and the national average of 88%.

There was evidence of quality improvement including clinical audit. Clinical audits and re-audits had taken place to monitor the effectiveness of clinical care and improve patient outcomes. An audit had been completed on the number of NHS health checks completed and another audit had looked into patients being prescribed high risk medicines. More detailed information needed to be recorded in the audits with a plan needed for future audits.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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.

# Are services effective?

## (for example, treatment is effective)

- 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 on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Meetings were not always recorded for the purpose of monitoring issues discussed.

### 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 had identified patients who may be in need of extra support. For example, patients receiving end of life care, carers and those at risk of developing a long-term condition.

A health trainer ran a weekly clinic from the practice offering patients advice on smoking and alcohol cessation and maintaining a healthy lifestyle.

The practice's uptake for the cervical screening programme was 68%, which was comparable to the CCG average of 75% and the national average of 74%. On the day of the inspection the GP provided us with evidence to demonstrate improvements in this area. This evidence demonstrated that the practice uptake for the cervical screening was 81%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The GPs were aware of this low data and were addressing this issue over the next year through an improved follow up system.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 100% and five year olds from 94% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

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

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 staff had organised a dementia awareness day in a local community centre. This provided local residents with an opportunity to talk to the practice GPs about dementia, medicines, support for carers and families and healthy lifestyles.

There was an innovative approach to the practice child nasal flu campaign. Flyers sent to all local schools and nurseries with relevant aged children in September 2016. Letters were also sent to all parents promoting nasal flu vaccination. Discussions were held with the head teacher of one school and letters were sent out to all head teachers promoting the benefit of nasal flu vaccination.

Training on this strategy was given at a nurse immunisation training course. The practice provided data to indicate they had achieved 67% of patients receiving a nasal flu vaccination in 2015 /2016.

# 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.

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Feedback from patient surveys and Family and Friends test were consistently positive about the practice. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with and above 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patient feedback from the comment cards we received showed that patients felt involved in making decisions 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.

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 above 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 national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- 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.
- Information leaflets were available in easy read format.
- The practice website provided patients with information about the services provided and health care information.
- The website could be displayed in different languages for patients who did not have English as a first language.

## Are services caring?

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

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

Although the practice's computer system alerted GPs if a patient was also a carer, a complete register of carers had

not been drawn up. Written information was available to direct carers to the various avenues of support available to them and a carer's notice board was displayed in the patient waiting area.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing responsive services. The arrangements to provide follow-up appointments for patients with long term conditions and to monitor patients who did not attend reviews and assessments were not implemented well enough to deliver a responsive service.

These arrangements had improved when we undertook this full comprehensive inspection on 24 January 2017. The practice is now rated as good for providing a responsive service.

### 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 arrangements to provide follow-up appointments for patients with long term conditions and to monitor patients who did not attend reviews and assessments were now implemented to ensure the delivery of a responsive service.
- 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.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- A health trainer ran a weekly clinic from the practice offering patients advice on smoking and alcohol cessation and maintaining a healthy lifestyle.
- Staff were trained in how to carry out End of Life conversations.
- GPs and nursing staff worked with local drug and alcohol support services.
- Patients were referred to Bury Exercise and Therapy Scheme for lifestyle improvement advice and information.

- Clinical and administration staff were trained in the Prevent Agenda to raise awareness of their responsibilities to prevent people from being drawn into terrorism. Staff were also trained in female genital mutilation and modern day slavery.
- Staff promoted the Big White Wall, a local on line pilot scheme for 16-25 year olds with mental health problems.
- A Military Veterans' service was providing clinics from the practice for all military veterans in the Bury area.

### Access to the service

The practice was open from 8 am to 6.30 pm Monday to Friday (except Bank holidays). Appointments were between 8.30 am and 12.30 pm and 3 pm and 5.30 pm. Telephone appointments were available daily from 8 am to 6.30 pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Patients requiring a GP outside of normal working hours were directed to use the Bury and Rochdale Doctors On Call (BARDOC) using the surgery number.

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. For example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

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. For example, a poster was displayed in the practice waiting area and information was provided on the practice website.

We looked at the complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

# 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 in the waiting areas and staff knew and understood the values. The aim of the mission statement was to 'develop and maintain the best quality patient care' through the practice's core values of professionalism, respect, integrity, diversity and excellence.
- The practice had a robust strategy and business plan which reflected the vision and values. The strategy and business plan was regularly monitored through the review of services and regular ongoing communication with staff and other health care professionals.

### 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

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

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

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

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

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

- The practice had gathered feedback from patients through the newly established patient participation group (PPG) and through surveys and complaints received. The PPG had met once to discuss their role in the future development of the practice.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

# Are services well-led?

Good 

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

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

## Continuous improvement

There was a focus on the continuous improvement of the service at all levels within the practice. The GPs and practice manager gave us an assurance that they were committed to improving the

service through making the necessary changes to the leadership, management and governance of the practice.

- The practice team was forward thinking and had developed a practice improvement plan for 2017. The improvement plan addressed a range of issues to ensure the ongoing effective and efficient running of the business and the ongoing improvement to the service. The improvement plan was supported and enhanced by the Productive General Practice Quick Start programme, provided by NHS England through a Bury CCG bid for funding. The outcomes of the improvements have fundamentally improved the staffs aspirations and ability to sustain ongoing improvements.

- GPs were looking at providing consultation via SKYPE.
- The practice manager was working with patients in the community to help them maintain a healthy lifestyle through the use of art projects
- GPs encouraged career development with staff and they were provided with training to support them in their role.
- Healthy minds counselling clinics were scheduled to start from this surgery for all Bury patients.
- Staff promoted the Big White Wall, a local on-line pilot scheme to support 16-25 year olds with mental health problems.
- Staff promoted a local scheme called Helping Yourself to Wellbeing. This scheme was designed to provide patients with the knowledge, skills and tools to improve their health and wellbeing.
- GPs were involved in an organ donation awareness project in collaboration with Manchester Royal Infirmary and Manchester School of Art. The purpose of this was to educate patients in the Asian community about organ donation.
- An application for funding had been submitted to the Bury CCG to improve the existing premises and develop the services provided from the practice.