

Gloucester House 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 our first announced comprehensive inspection at Gloucester House Medical Centre on 19 July 2016 when the practice was rated as requires improvement overall. The areas where the provider was required to make improvements related to the safe and well led domains. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Gloucester House Medical Centre on our website at www.cqc.org.uk.

We carried out this announced comprehensive inspection at Gloucester House Medical Centre on 25 May 2017 to check that the practice had made improvements. Improvements were demonstrated in all areas. The practice had taken action on each point highlighted at the inspection of 19 July 2016 and had introduced robust systems to address the concerns.

Overall the practice is now rated Good.

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

- A clear leadership structure had been introduced since our inspection in July 2016. Staff said they felt supported by management and had noticed improvements in communication.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The practice had introduced and embedded a number of systems to minimise risks to patients and staff since our inspection in July 2016.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Staff were aware of current evidence based guidance. They had been trained in the skills and knowledge they required in order to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were satisfied with the service, were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients who commented were satisfied with the appointment system and said they received continuity of care with urgent appointments available when required.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice proactively sought feedback from staff and patients, which it acted on.
- Consider a review of care plans to ensure that patients are involved in the planning process and receive a copy of their care plan to take away.
- Enhance the existing protocols for monitoring high risk medicines, uncollected prescriptions and the review of blood results to ensure they are failsafe. Introduce a plan to monitor when second cycles of clinical audit are due.
- Increase the number of carers identified.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The areas where the provider should continue to make improvements are as follows :

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.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements in place to respond to emergencies and major incidents.
- Since our inspection in July 2016 the practice had introduced clearly defined systems, processes and practices to minimise risks to patient and staff safety. We saw that these systems were embedded and staff were following protocol. The practice should enhance existing monitoring protocols for medicines management, uncollected prescriptions and the review of blood results to ensure they are failsafe.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

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.
- Survey information we reviewed showed that 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 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population. They had increased staff and developed a stable workforce in order to provide the necessary services.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had introduced a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This had been shared with staff who understood their responsibilities in relation to it.
- There was a newly introduced stable leadership structure with improved and more clearly defined roles and responsibilities for staff. Staff felt supported by management.
- The practice had policies and procedures to govern activity and held regular governance meetings. Communication had improved.
- An overarching governance framework 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

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas such as minor surgery used their expertise to offer additional services to patients.
- The practice had started negotiations to participate in research of insulin implants for diabetes patients with a view to providing this service at the practice in the future.

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.

- Approximately 20% of the practice population were patients over the age of 65. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Dedicated monthly home visit sessions were pre-arranged for chronic disease management.
- The practice held a register of patients residing in nursing and residential homes. New nursing home patient checks were arranged with a GP on registration.
- Older patients who may need palliative care were identified at an early stage as they were approaching the end of life. Older patients were involved in planning and making decisions about their care, including their end of life care.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns. The practice followed up on older patients discharged from hospital.
- Where older patients had complex needs, the practice shared summary care records with local care services such as the Trafford Care Co-Ordination Centre.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

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. Monthly searches and waiting lists had been created for patients who required recall.
- Data for diabetes showed that the practice attained 88% of the total points available which was 3% below the CCG and 2% below the national averages. Blood glucose levels (HbA1c) in 72% of patients were within a recommended level compared to the CCG figure of 78% and the national figure of 78%. Exception reporting in this area was low at 5% compared to the CCG

Good



Summary of findings

average of 15% and the national average of 12%. (Exception reporting is where patients have not attended for review and are no longer recalled after certain nationally agreed criteria has been considered).

- Data for asthma, chronic kidney disease, chronic obstructive pulmonary disease (COPD), depression and learning disabilities showed that the practice attained 100% of the total points which was better than the CCG and national averages.
- Longer appointments and home visits were available when needed.
- There was a clinical and non-clinical lead for each long term condition and a structured annual review to check that health needs and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held active reviews of patients with multiple co-morbidities to ensure they attended regularly and there was a joint GP and nurse annual review for patients with diabetes.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were between 98% and 100% for all standard childhood immunisations which was higher than the required standard of 90%.
- Staff told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics on a weekly basis.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- Data showed that 89% of eligible females in the practice had been screened for cervical cancer. This was above the CCG average of 83% and the national average of 82%.

Good



Summary of findings

- The practice offered chlamydia screening and sexual health advice to all patients, but specifically younger patients. Meningitis (ACWY) immunisations were offered to patients between the ages of 16 and 24. Four influenza walk in clinics were available plus ad hoc appointments if nurses were available.

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, electronic prescribing and telephone consultations as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended hours were offered on Monday evenings at the practice and patients could also attend at the Trafford Hub on Saturday mornings. There were pre-bookable lunch time appointments available at the practice during the week and on a Friday morning they opened at 7.30am.
- In-house smoking cessation was available and patients could be referred to the physical activity service at Trafford Leisure to help with diet and fitness.
- The practice held a carers' register, were associated with Trafford Carers service and offered annual reviews.

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 registers of patients living in vulnerable circumstances that were updated on a regular basis. They included patients who were hard of hearing, blind or with restricted sight and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and monitored their needs. For patients with complex needs the practice worked with Trafford Care Co-Ordination Centre.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients to deliver a multidisciplinary package of care.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- Bilingual members of clinical staff, a sign language trained clinician and a translation service were available for patients who required support in communication.

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).

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 83% and the national average of 84%.
- 94% of patients with a mental health condition had agreed a care plan and this was reviewed compared to the CCG average of 85% and the national average of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. To encourage self-referral the Improving Access to Psychological Services (IAPT) service could be texted to the patients and/or printed on the right hand side of a prescription for a patient.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and we saw evidence of this.
- We saw evidence of advanced care planning and best interest meetings for patients with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 275 survey forms were distributed and 108 were returned. This represented 2% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and 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 15 comment cards which were all positive about the standard of care received. The practice was described as providing a first class service, amazing and helpful staff and a caring, friendly and excellent bedside manner provided by all clinicians.

We did not speak to any patients face to face during this inspection.

Areas for improvement

Action the service SHOULD take to improve

- Consider a review of care plans to ensure that patients are involved in the planning process and receive a copy of their care plan to take away.
- Enhance the existing protocols for monitoring high risk medicines, uncollected prescriptions and the review of blood results to ensure they are failsafe. Introduce a plan to monitor when second cycles of clinical audit are due.
- Increase the number of carers identified.

Gloucester House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Gloucester House Medical Centre

Following the previous inspection in July 2017 the practice was rated as requires improvement and we took regulatory action against the provider in the form of requirement notices in relation to the Safe and Well Led domains. This inspection on 25 May 2017 was to check that improvements had been made.

Gloucester House Medical Centre is located at 17 Station Road, Urmston within Trafford and provides services for people who live in Urmston, Flixton, Davyhulme, Carrington, North Stretford as far as Chester Road, and Eccles (south of Liverpool Road). The premises are situated in an area close to shops and public transport and there is parking for patients at the surgery, in nearby car parks and on the street. The building has three floors and patients are seen on the ground and first floors. A lift is available for patients with difficulty using stairs. Fire and health and safety risks identified at the previous inspection have been fully reviewed and up to date risk assessments and compliance of safety were seen at this inspection.

The practice provides a service to 4978 patients under a Personal Medical Services Contract run by Trafford Clinical Commissioning Group. It is situated in the fourth less deprived area in the country and approximately 20% of the population are over the age of 65.

The practice provider (GP Partner) and the advanced nurse practitioner are the registered partners and there are two salaried GPs with one taking the role of lead GP at this practice. The GP partner attends the practice on one day a week to provide clinical sessions and the advanced nurse practitioner is able to prescribe medicines and provides 5.5 sessions per week. The nursing team comprises of two part time nurses providing a total of 47 clinical hours per week and a part time assistant practitioner (20 hours per week). The clinicians are supported by a part time practice manager, full time deputy practice manager and a team of reception/administration staff.

They are in the process to become a training practice.

The practice is open :

Monday 8am to 8pm

Tuesday 8am to 6.30pm

Wednesday 8am to 6.30pm

Thursday 8am to 6.30pm

Friday 7.30am to 6.30pm

The practice is closed at the weekends when patients can access the out of hour's service. Patients can also attend the walk-in centre at Trafford General Hospital seven days a week between the hours of 8am and 8pm.

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and spoke to Trafford Clinical Commissioning Group. We carried out an announced visit on 25 May 2017. During our visit we:

- Spoke with the GPs, nursing and non-clinical staff available on the day.
- Observed how patients were being cared for in the waiting area by reception staff.
- Reviewed a sample of the personal care or treatment records of patients in the company of practice staff.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

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 living 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 inspection in July 2016 we rated the practice as requires improvement for providing safe services as arrangements in respect of risks were not well managed. The practice did not assess, monitor, manage and mitigate risks to the health and safety of service users. Action was required to improve fire safety, infection control and health and safety overall. Significant events such as practice related issues and clinical related issues were not consistently recorded and reported. Clinical meetings were not effective. There was evidence that learning needs were not always identified and adequately monitored.

During this inspection we saw improvement in all these areas.

Safe track record and learning

There was a system for reporting and recording significant events.

- An improved system for reporting and recording significant incidents had been introduced following our inspection in July 2016. 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).
- When things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 significant events were discussed. The practice carried out a thorough analysis of the significant events.
- The practice also monitored trends in significant events and evaluated any action taken.

From the sample of documented examples we reviewed we found that the system was effective. We saw that lessons were shared and action was taken to improve safety at the practice. For example a patient was admitted to hospital with toxicity because their medicine levels had not been

correctly monitored. An audit was done of all patients on the same medicine to ensure that no one else had been missed. The protocol to monitor medicines was updated and the medicines manager was now informed when a patient commenced that particular medicine. To make this protocol failsafe the practice should ensure that checks of infrequently prescribed medicines and high risk drugs are effectively monitored. During a randomly selected review of prescribing, we found that Concerta (a medicine for the treatment of attention deficit hyperactivity disorder) was being prescribed but was not being monitored.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 clinical and non-clinical lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible, provided reports where necessary for other agencies and discussed patients on the safeguarding register at in-house clinical meetings.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses were also trained to appropriate levels.
- 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. There were cleaning schedules and monitoring systems in place.

Are services safe?

- The advanced nurse practitioner was the clinical infection prevention and control (IPC) clinical lead and there was also a non-clinical lead. They liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The assistant practitioner was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

To further improve safety in the above processes the practice should update existing protocols, to ensure that uncollected prescriptions and the review of blood results are properly monitored.

We reviewed four personnel files, of new and existing staff clinical and administration staff, and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

This was an area that required improvement at the last inspection. We found that the practice had introduced protocols and procedures for assessing, monitoring and managing risks to patient and staff safety.

- A lead for health and safety with appropriate training had been appointed. The health and safety policy had been updated and shared with all staff, health and safety assessments had been carried out and actions had been taken to make improvements such as the control of substances hazardous to health, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A system to monitor that these receive regular update had also been introduced.
- Designated fire marshals for the practice had been introduced. The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients and a protocol to ensure that regular locum GPs were used whenever possible.
- Protocols, as a result of significant incidents, had been introduced to ensure that all certificates and training of locum GPs were kept up to date. A locum pack had been created to ensure that locum GPs read and understood practice protocols in relation to reviewing patients, home visits, referrals and workflow management.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult masks. Paediatric masks had been ordered. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in several secure areas 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 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 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. All Best Practice Guidance received into the practice was forwarded to the practice secretary for file management and discussion as a standing item under Risk & Governance at each weekly minuted Management Operations Meeting. If earlier action was required, communication was sent electronically to all relevant members of staff. These were monitored to ensure they were received and actioned.
- We saw evidence of learning and improvement in the form of documented discussions between staff where mentorship was apparent, best practice guidelines were highlighted and appropriate action was taken when necessary.

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 97% of the total number of points available.

Data showed outliers for the practice in relation to the prescribing of antibiotics. This was something that the practice had identified and they were able to evidence that a plan was in place to reduce this. Other outliers for any QOF (or other national) clinical targets were positive variations such as for childhood vaccinations and cervical screening. Data from 2015/2016 showed:

- Data for diabetes showed that the practice attained 88% of the total points available which was 3% below the CCG and 2% below the national averages. Blood glucose levels (HbA1c) in 72% of patients were within a recommended level compared to the CCG figure of 78% and the national figure of 78%. Exception reporting in this area was low at 5% compared to the CCG average of 15% and the national average of 12%. (Exception reporting is where patients have not attended for review and are no longer recalled after certain nationally agreed criteria has been considered).
- Data for asthma, chronic kidney disease, chronic obstructive pulmonary disease (COPD), depression and learning disabilities showed that the practice attained 100% of the total points which was better than the CCG and national averages.
- Information about patients' outcomes was used to make improvements. For example the practice had identified that diabetes indicators were lower than average. A pre-diabetes register had been implemented and patient records were coded so they could receive the necessary intervention and advice.
- 94% of patients with a mental health condition had agreed a care plan and this was reviewed compared to the CCG average of 85% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- The practice presented a number of audits and data collection that had been gathered since the previous inspection. Two of those were completed audits where the improvements made were implemented and monitored. Other audits were discussed at the inspection some of which required review and repeat.
- We saw evidence that audit was discussed as a standing item at practice data quality meetings. A vitamin B12 audit was discussed, planned and then presented at the Clinical Group meeting in December 2016. Other audits included two-week wait referrals which were being tracked and monitored.
- The practice participated in local audits, national benchmarking, accreditation, in house peer review and research. They were in the process of arranging participation in the research of insulin implants for patients with diabetes.
- Findings were used by the practice to improve services. For example, recent action taken as a result included

Are services effective?

(for example, treatment is effective)

investment in the clinical and administration team. New members of staff included an advanced nurse practitioner, a practice nurse, a health care assistant, an apprentice and a full time secretary.

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 dealing with emergencies, fire, appointments, security, use of equipment, information sharing and how to manage test results. Safeguarding and infection control were part of mandatory training that staff undertook over the year.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and those with lead roles where we saw that 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, informal clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. Plans for one of the GPs included undertaking clinical audit to improve standards of practice, a lead role in dementia and a foundation training course with an aim to becoming a trainer.
- 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 should consider a review of care plans to ensure that patients are involved in the planning process and receive a copy of their care plan to take away.
- 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 regular basis when care and treatment was reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However not all the clinical staff had received formal training in this subject and administration staff had not undertaken awareness training which would be of benefit to them to increase their understanding and responsibilities in relation thereto.
- 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. We saw evidence where best interest meetings had taken place to ensure the best outcome for the patient concerned.
- Checks were made to ensure that the process for seeking consent was followed when patients attended for minor surgery.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The assistant practitioner was able to provide health checks for patients with hypertension.
- Information and advice was given to patients where possible and patients were signposted to other services such as support services for carers and patients with learning disabilities.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. To encourage self-referral the Improving Access to Psychological Services (IAPT) service could be texted to the patients and/or printed on the right hand side of a prescription for a patient.

The percentage of women aged 25–64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 89%. This was a positive variation when compared to the local average of 83% and the national average of 81%. The practice demonstrated how

they encouraged uptake of the screening programme. The practice nurses had been involved in clinical audit and a buddy system had been introduced so that clinicians had the support of an admin member to ensure that call and recall was well managed. 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 we saw that the practice followed up women who were referred as a result of abnormal results.

The practice were above the national standard for childhood immunisation rates. For example the percentage of children aged one year with a full course of recommended vaccines was 100%. The practice attained a score of 9.8 compared to 9.1 nationally for immunisation indicators.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We did not speak with any patients at this inspection.

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

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 97%.
- 97% 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%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 87%.
- 93% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.

- 94% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Comments on the comments cards indicated that patients felt involved in decision making about the care and treatment they received. However, we saw that care plans were generic and not always personalised, and copies were not printed and handed to patients to keep. Results from the national GP patient survey showed patients responses were lower than average in relation to questions about the GPs as to whether they felt involved in planning and making decisions about their care and treatment.

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

The practice had reviewed these responses and identified a number of significant events involving locum GPs. They had taken steps to address the issues and had made improvements.

Results in relation to the nurses were higher than local and national averages. For example:

- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 85%.
- 89% 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%.

Are services caring?

Children and young people were treated in an age-appropriate way and recognised as individuals. For example their opinions were sought and they were spoken to directly when discussing treatment options. There were signs in every treatment room and also in reception and waiting areas informing patients about Gillick competency and Fraser guidelines. (Gillick competence is the principle used to judge capacity in children to consent to medical treatment. Fraser guidelines are used specifically for children requesting contraceptive or sexual health advice and treatment).

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

- There were only a limited number of patients who did not speak English as a first language, but staff were aware of the processes to help those patients. Information was displayed in different languages signposting patients who did not speak English to the reception desk where they could be shown how to access information using translation pages on the internet.
- Staff told us that interpretation services were available for patients who did not have English as a first language. There was also multi-lingual staff who might be able to support them.
- The assistant practitioner was fully trained in sign language to help patients who were hard of hearing and these patients had an alert on their records.
- Information leaflets could be made available in easy read format for patients with learning disabilities.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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 and help with long term conditions 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 38 patients as carers (0.8% of the practice list) and held a register which was updated on a regular basis. Carers were coded on the electronic records and were offered an annual review and a protection against influenza. There had been many new roles and new staff following the last inspection in July 2016 and champion roles for carers and other long term conditions were due to be allocated when the current changes had been fully embedded.

The practice had a process in place to support patients and their families who were recently bereaved. The death was recorded within family member's records and an alert placed on the record to highlight bereavement to clinicians. If necessary patients could be referred to bereavement counselling services within Trafford.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. They had engaged with the Local Medical Committee and Clinical Commissioning Group (CCG) to discuss the actions required to meet those needs.

- Extended hours were offered on a Monday evening until 8.00pm and a Friday morning from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients with long term conditions or complex needs.
- Home visits were always provided for older patients and patients who had clinical needs which resulted in difficulty attending the practice. These were carried out by GPs and nursing staff.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text messages to encourage patients to access psychological therapies.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services, for example improvements had been made to the lift to ensure that patients with disabilities remained safe.
- The practice was engaged in the General Practice Improvement Programme (GPIP).
- Clinical staff at the practice were qualified to perform minor surgery and they provided clinics on a monthly basis.
- Nurses and GPs also provided sexual health services, such as contraceptive implants which reduced referrals

to secondary care for this service. The advanced nurse practitioner was going to be undertaking intrauterine device training in 2017/18 to further expand these services.

Access to the service

The practice was open :

Monday 8am to 8pm with pre-bookable extended hours' appointments

Tuesday 8am to 6.30pm

Wednesday 8am to 6.30pm

Thursday 8am to 6.30pm

Friday 7.30am to 6.30pm with pre-bookable extended hours' appointments

Appointments and clinic sessions were at various times during those opening hours.

The practice was closed at the weekends when patients could access the out of hour's service and the Trafford Hub. Patients could also attend the walk-in centre at Trafford General Hospital seven days a week between the hours of 8am and 8pm.

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

- 79% of patients were satisfied with the practice's opening hours compared with the CCG average of 77% and the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 91% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 85%.
- 99% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 88% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 69% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

The practice described them as proactive rather than reactive when talking about patient access. A cancellation list had been introduced and patients who telephoned after all appointments had been taken could be placed on that cancellation list to be contacted if an appointment became free. A triage protocol was in place to support this and all staff had been trained. There was also a process to establish whether a home visit was clinically necessary and the urgency of the need for medical attention. A clinician was always contacted to decide whether a home visit was required or whether a telephone consultation could be utilised. 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

The practice had a system 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 in the form of leaflets and information on the practice web page was available to help patients understand the complaints system.

We looked at the log of complaints received in the last 12 months and found that lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. We saw examples where complaints had been escalated to significant events and had been dealt with as such. We saw where protocols were changed or new protocols were introduced to support change and improvement. For example in relation to locum concerns, an electronic note was added to locum appointments highlighting the services that locum could undertake, such as electronic prescribing or home visits. This made best use of appointments and helped staff to triage what patients should be seen by locums.

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 revised its mission statement following the inspection in July 2016. They had discussed this with staff so that they knew and understood the values.
- There was a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The provider had invested into the practice to provide a stable team of clinical and administration staff and an overarching governance framework which supported the delivery of the strategy and good quality care. The framework underpinned the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as chronic disease management, dementia, safeguarding, prescribing and information governance.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held more than monthly and provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions such as significant incidents and complaints.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant incidents and complaints.

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. Following the inspection in July 2016 there had been several staff changes and the practice were now managing a period of adjustment and stabilisation.

The provider was aware of and had systems 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. From the sample of documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. There was an improved meeting structure to improve understanding and communication. Following the July 2016 inspection, meetings involving all staff had occurred more frequently and staff listening events had also been introduced. They had also introduced a monthly staff briefing newsletter
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice also highlighted and fed back to the PPG. For example, areas where some patients felt the practice needed to improve was around listening to them and involving them in decisions about their care and explaining tests and procedures. One factor of this was the length of appointment time and the practice now utilise longer appointments where appropriate. GPs and nurses also provided useful patient leaflets that gave patients more time to consider options and better understand their conditions.

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 acknowledged that they were on a continuous journey of improvement.

One of the GPs and the deputy practice manager had signed up to the pride in practice award run by the lesbian, gay, bisexual, and transgender (LGBT) foundation who were presenting to the practice later in the year. The information would be used to increase awareness to practice staff in these areas.

There was a plan for the practice to become a training practice.

The advanced nurse practitioner was being trained to fit intra uterine devices.

There was research taking place of insulin implants for patients with diabetes.