

# Urmston Group Practice

## Quality Report

Urmston Group Practice  
6 Woodsend Crescent Road  
Urmston  
Manchester  
M41 8AA  
Tel: 0161 755 9870  
Website: [www.urmstongrouppractice.co.uk](http://www.urmstongrouppractice.co.uk)

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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 Urmston Group Practice on 10 May 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a 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.

The areas where the provider should make improvements are :

- Consider introduction of a formal protocol for the prescribing of DMARDs.
- Introduce a system to monitor medicines in GP bags and security of prescriptions.

# Summary of findings

- Consider Mental Health Act and Adult Safeguard training for all staff.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events which was embedded and used by all staff.
- 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for some 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.

Good



# Summary of findings

- 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. They had recently moved in to a new purpose built building.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- 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.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and provided two to four home visits to older people each day.
- Urgent appointments were available for all patients, particularly older patients with enhanced needs. There was evidence of patient-centred care.

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.
- Data for diabetes showed that the practice attained 79% of the total points. This was 11% below the CCG and 10% below the national averages. However the advanced nurse practitioner (ANP) was currently studying the Warwick Course to enable the practice to deliver an improved diabetic service.
- Data for asthma, chronic kidney disease, chronic obstructive pulmonary disease (COPD), depression and dementia 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.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held active reviews of patients with multiple co-morbidities to ensure they attended regularly.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Staff told us that children young people were treated in an age-appropriate way and were recognised as individuals and, and we saw evidence to confirm this.
- Data showed that 83% of eligible females in the practice had been screened for cervical cancer. This was comparable with the CCG average of 83% and the national average of 82%.
- 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.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours were offered on Monday evenings and patients could also attend at the Trafford Hub on Saturday mornings. The Hub offered both GP and nurse appointments.
- Patients were able to book “on the day appointments” twice during the day.
- Text messages were used to offer reminders of appointments made.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances such as homeless people, travelers and those with a learning disability. They did not partake in an extended

Good



# Summary of findings

service for patients with a learning disability which was provided by a separate team. The practice were in close contact with this team to ensure that all patients on their list received annual reviews.

- 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 and we saw evidence of this. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 85% 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 84% and the national average of 85%.
- 84% 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 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 advance care planning and best interest meetings for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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 below and in line with local and national averages. 235 survey forms were distributed and 111 were returned. This represented approximately 0.1% of the practice's patient list.

- 62% 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%.
- 76% 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%.
- 85% 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%.
- 76% 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 13 comment cards of which 11 were completely positive. Two comments cards expressed difficulties experienced when making appointments by phone or making an appointment in general. Positive comments declared the staff to be friendly, polite and professional with good communication skills. Patients said the new building was a positive move for the practice and was clean, modern and appropriate. GPs were described as attentive and caring.

We spoke with seven patients during the inspection, two who were carers. All those patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They offered positive feedback about appointments, availability and home visits. We reviewed the Friends and Family results for February, March and April 2017 when an average of 95% patients said they would recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Consider introduction of a formal protocol for the prescribing of DMARDs.
- Introduce a system to monitor medicines in GP bags and security of prescriptions.
- Consider Mental Health Act and Adult Safeguard training for all staff.

# Urmston Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser and an Expert by Experience.

## Background to Urmston Group Practice

Urmston Group Practice moved to their current address in November 2015. They provide a service to 12,351 patients in the M41 area of Manchester under a personal medical services contract. They are governed by Trafford Clinical Commissioning Group (CCG). The location is situated in an area close to shops and public transport and there is ample parking for patients attending by car.

A team of seven GPs (three partners and four salaried GPs) and a nursing team of three practice nurses, an advanced nurse practitioner and an assistant practitioner are supported by two practice managers, secretarial, administration and reception staff. There is an equal mix of male and female GPs. The practice currently have visiting medical and nursing students who come to the Practice to learn about aspects of Primary Care.

The opening times are as follows :

Monday 8am to 9.30pm with extended hours accessed by pre-booked appointments

Tuesday 8am to 6.30pm

Wednesday 8am to 6.30pm

Thursday 8am to 6.30pm

Friday 8am to 6.30pm

Patients can also access the Saturday Hub where GP and nurse appointments are available.

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

The practice had a full comprehensive inspection in January 2015 and a requirement notice was issued against infection control which were in relation to the old building. This full comprehensive re-inspection was carried out because the practice had since moved premises.

## 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 asked other organisations to share what they knew. We carried out an announced visit on 10 May 2017.

During our visit we:

# Detailed findings

- Spoke with a range of staff including the practice manager and deputy manager, secretarial and administration staff, nurses and GPs.
- Spoke with patients who used the service.
- Observed how patients were being cared for by staff and talked with two patients who were carers.
- Reviewed samples of the personal care or treatment records in the company of staff.
- Reviewed comment cards and friends and family comments where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. It was evident that lessons were shared and action was taken to improve safety in the practice. We saw that protocols were changed and then monitored to ensure that they were effective. One case was discussed at two meetings because of its importance and emphasised to all staff the importance of confidentiality and security of patient information

### 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 clinical and non-clinical lead member of staff for both child and adult safeguarding. The lead members of staff for adult safeguarding had received formal training. Other

members of staff had awareness but did not have adult safeguarding training. This was arranged immediately on discussion at the inspection. The GPs and nurses were trained to the appropriate levels and undertook safeguarding meetings regularly at the practice. They always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in both adult and child safeguarding and all had received training on safeguarding children relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff acted as chaperones and were trained for the role. They had the appropriate 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 was a nurse clinical lead and a non-clinical lead responsible for infection control. 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 teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were not always securely stored and the system in place to monitor their use required review. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. 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

## Are services safe?

medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber and we saw evidence of these in place.

- We reviewed six personnel files (including nursing, medical and newly employed staff) 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 with a poster in the staff kitchen which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and staff were able to cross cover during periods of planned or unplanned leave.

- The practice held a watch list of patients such as those who were at the end of their life, children who were at risk, or any other patient with complex needs for whatever reason. These patients were discussed on a weekly basis to ensure that they received the maximum input necessary to ensure a positive outcome for them.

### 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 two defibrillators available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We saw evidence that the continuity plan had been implemented a number of times since the move to new premises because of flooding and storm damage. There was also evidence that it was regularly reviewed to ensure it was up to date.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available.

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

- Data for diabetes showed that the practice attained 79% of the total points. This was 11% below the CCG and 10% below the national averages. However the advanced nurse practitioner (ANP) was currently studying the Warwick Course to enable the practice to deliver an improved diabetic service.
- Information about patients' outcomes was used to make improvements. For example the practice had identified that diabetes indicators were lower than average. Nurses were receiving further training in diabetes so that the practice could offer a better service.
- 84% 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.

- There had been a number of clinical audits undertaken in the last two years. 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.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the employment of two new GPs and another who has been appointed. The practice were looking at their long term succession planning and bringing more partners to the practice as well. In addition they have also employed an assistant practitioner with lead responsibility for some health checks and monitoring that medicines were appropriately managed. This freed up the practice nurses to concentrate on chronic disease management.

### 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

# Are services effective?

## (for example, treatment is effective)

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.

- 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.

### 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.
- 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.

### 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.
- Patients with learning disabilities were reviewed by Trafford Learning Disability Team and the practice cross-checked their list of patients to ensure that those patients received their annual health review.

The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 84%. This was comparable to the local average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 9.9 compared to 9.1 nationally for immunisation indicators.

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

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

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- 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.

We received 13 comment cards of which 11 were completely positive. Two comments cards expressed difficulties experienced when making appointments by phone or making an appointment in general. Positive comments declared the staff to be friendly, polite and professional with good communication skills. Patients said the new building was a positive move for the practice and was clean, modern and appropriate. GPs were described as attentive and caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, particularly since the move to the new premises. They said that the practice staff listened to their views and made changes when they could. For example they were reviewing the appointment system and helping patients who were not familiar with on-line services.

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

- 85% 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%.

- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 97%.
- 92% 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%.
- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 98% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% 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%.
- 98% 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%.
- 88% 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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 81% 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%.

## Are services caring?

- 82% 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%.
- 96% 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%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw that reception staff were able to print information in different languages and information leaflets were available when requested.

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

Patient information was available in the patient waiting area via the television screen which told patients how to access a number of support groups and organisations. The information could be updated with important up to date news about the practice, services available, and chronic disease management. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 238 carers. This was approximately 2% of the practice population. Patients who were carers were not pro-actively monitored to ensure they were receiving regular health checks but they were referred to Trafford Carers Group.

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 and/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

### 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 partners were aware that they could not provide a responsive and effective service in their old building and arrangements were made to move to better premises in November 2015. After the move the practice experienced substantial interruptions because of flooding and storm damage but continued to provide a full service except for half a day when the practice was closed by the Fire Brigade because it would not have been safe for staff or patients.

- The practice offered extended hours until 9.30pm on Monday evenings for patients who could not attend during normal opening hours. Working patients in particular said they benefited from this service.
- There were longer appointments available for patients with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. There was no triage system and all housebound patients requesting a home visit received one.
- 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 as well as those only available privately. Nurses were trained and kept up to date with changes in this subject.
- The practice had extensive knowledge about the diverse needs of their population groups and all reasonable adjustments were made to ensure that there were no barriers for patients with disabilities, gender differences, gender reassignment, maternity status, race, religion or belief and sexual orientation.
- GPs are supportive of patients in need of continuing health funding and provide reports when required.
- Homeless patients, asylum seekers and other patients at risk were routinely monitored.

### Access to the service

The practice opening times were :

Monday 8am to 9.30pm with extended hours accessed by pre-booked appointments

Tuesday 8am to 6.30pm

Wednesday 8am to 6.30pm

Thursday 8am to 6.30pm

Friday 8am to 6.30pm

The practice was closed at the weekends when patients could access the out of hours service. Patients can 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 comparable to local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 78%.
- 62% 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%.
- 76% 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%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 63% 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%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice did not use a system to assess whether a home visit was clinically necessary. All patients who requested a home visit received one. There was however a system to assess the urgency of the need for medical attention and reception staff were aware of when to tell patients that they should go straight to accident and emergency, for example if they had a sudden onset of chest pain.

### 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 in the form of leaflets and via the practice website.

We looked at the summary of complaints over the last twelve months for the practice. 24 complaints had been recorded and included telephone calls, formal letters, informal letters and messages received via reception staff. Each complaint was discussed at the practice meeting and if necessary the information was escalated and transferred to a significant event. Lessons were learnt from individual concerns and complaints and also from analysis of trends. We saw that action was taken as a result to improve quality. For example changes were made to processes when necessary or additional training was provided.

# 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.

- We did not see the mission statement displayed in the waiting areas but staff we spoke to knew and understood the values of the practice which were to provide services in a caring, courteous and professional manner under the auspices of the General Medical and Nursing Midwifery Councils.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- 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. We saw that 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 they provided reasonable support, truthful information and a verbal and/or written apology. We saw they kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw minutes to support that.
- 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. Team social events were also held.
- 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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. There was a plan for 2017/2018 to make improvements in the way appointments were accessed, online services, telephone access and missed appointments. The deputy practice manager held tutorials and education for patients who were not confident using on line services with a view to increasing the use of booking and cancelling appointments online.
- The practice also gathered feedback from staff through staff meetings. They had introduced an intermediary member of staff as a liaison officer so that all requests or

# Are services well-led?

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suggestions were centralised. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run. They also said they felt that the practice was very team focused.

## 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.

One of the GPs and the deputy practice manager have signed up to the pride in practice award run by the lesbian,

gay, bisexual, and transgender (LGBT) foundation who are presenting to the practice in May 2017. The information will be used to increase awareness to practice staff in these areas.

The practice have engaged in IRIS which is a general practice domestic violence and abuse training support and referral programme. Since staff have been trained they have identified vulnerable patients who are now receiving support.

The practice “watchlist” evolved from an event where a terminally ill patient had not been seen for several months and was not alerted to the practice until the end of their life was imminent. From this the practice manager became aware of a gap in procedures and this watchlist ensures that no patients fall through the net.