

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## HT Practice

Ashton Primary Care Centre, 193 Old Street,  
Ashton-Under-Lyne, OL6 7SR

Tel: 01613427200

Date of Inspection: 12 December 2013

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Safety and suitability of premises** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	HT Practice
Registered Manager	Dr. Quang Nguyen
Overview of the service	<p>HT Practice is located in Ashton-under-Lyne town centre. HT Practice is made up of two surgeries that merged, these being Highlands Surgery and Trafalgar Square Surgery. Patients can access GP services, practice nurse services and healthcare assistant services at either practice. The practice treats patients of all ages and provides a range of medical services. The practice is supported by an administration and reception team.</p>
Type of services	<p>Doctors consultation service Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury</p>

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 December 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

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### What people told us and what we found

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HT Practice is made up of two surgeries that merged, these being Highlands Surgery and Trafalgar Square Surgery. During this inspection we visited the Trafalgar Square surgery.

One patient told us: "Staff are fantastic and telephone contact is good."

The practice displayed a range of health promotional literature in patient waiting areas, in GP treatment rooms and other treatment areas. Promotional literature included information about vaccinations, healthy eating and healthy lifestyles and stopping smoking. We found that patients who used the service were provided with appropriate information about the care, treatment and support choices available.

Patients told us they were given good information about their treatments by GPs. They told us they had explained the treatment to them and if they needed to be referred to see a consultant. Patients told us they felt involved and they were consulted about their treatment.

We saw that the premises in which HT Practice was located were safe and suitable for disabled and frail patients.

We found that both clinical and non-clinical staff were sufficiently trained to undertake and perform their roles and responsibilities. Staff told us they received good support from the practice manager and from the registered provider.

The practice had a number of systems in place to assess, monitor and improve the quality of service patients received. This ensured that patients' health care needs were monitored and responded to appropriately.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

Patient's privacy, dignity and independence were respected.

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### Reasons for our judgement

We spoke with six patients including a child and a parent who attended the practice. They told us the doctors listened to their concerns and explained their treatment or care options to them.

Patients of HT practice had the choice of seeing a GP, a practice nurse or a healthcare assistant at either Trafalgar Square surgery or Highlands surgery. Patients told us they liked this because it meant they could access treatment when and where it best suited them. One patient told us: "I think it's fantastic. It's excellent I like that I can go to either surgery."

Two other patients told us it was 'easy' to get an appointment. One patient said: "I like that I can go to either practice if they don't have an appointment at Trafalgar Square then I can go to Highlands." This meant that the practice was providing patients with good access to appointments and offering patients' choice.

One patient we spoke with wasn't happy because they had waited 20 minutes for a blood test; they told us that they had not been advised that the clinic was running late. We spoke with the head of reception and the practice manager for the surgery about this. They told us that it was the usual practice for reception staff to advise patients if surgery was running late. On the day of our inspection we saw reception staff advising patients in the afternoon that the surgery was running late due to emergency patient appointments. Other patients we spoke with confirmed that when they had previously attended and surgeries were running late reception staff always advised them.

The opening times of the practice were displayed and information was available that advised patients about how to make an appointment and how to access emergency treatment. We saw that patients could book appointments through an on line booking service or via telephone or calling into the practice. We were told that text messages were sent to patients to remind them of their appointment. We saw that a patient check in service was provided in the waiting area.

HT Practice provided a service to a large Asian community and a growing Polish community in the Tameside area. We saw that when patients first registered with the practice patients could record their ethnicity. This information assisted reception staff in accessing interpreter services for patients. The use and consideration of interpreter services showed that the registered provider had taken measures to promote equality and encourage people's dignity and independence when accessing the service.

We saw the practice offered a patient chaperone service. A chaperone is a member of staff who can sit in with the person during their consultation. For example it could be offered during consultation by the doctor if any physical examination was required. Details of the chaperone service were displayed in doctor's consultation rooms and other treatment areas. The practice manager had completed a chaperone training course and told us there were plans for other members of staff to complete this training. This meant the provider had taken appropriate action to ensure people's privacy and dignity were respected. We saw that patient consultations took place in privacy and doors to consultation rooms were closed when a patient was seen.

We saw a range of health promotional literature displayed in patient waiting areas, in GP treatment rooms and other treatment areas. The promotional material included information on vaccinations, protection against abuse and information about healthy eating and stopping smoking. A practice leaflet was also available which gave people information about the services the practice offered. This meant people who used the service were provided with appropriate information about the care, treatment and support choices available.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

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**Reasons for our judgement**

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On the day of our inspection the main computer system for the practice had 'crashed' and because of this we were unable to access patient's records. However we were able to review hand written records along with other records which detailed what treatments and plans of care had been discussed with patients during the day and we spoke with six patients of the practice.

Patient's told us they were given good information about their treatments by GPs. They told us GPs had explained the treatment to them and if they needed to be referred to see a consultant. Patients told us they felt involved and they were consulted about their treatment.

Another patient told us they were happy with the consultation that had taken place in respect of their child. They told us they felt the doctor had listened to them and had also spoken with their child. They knew what treatment was planned and this involved a referral to a consultant for specialist treatment.

The majority of patients we spoke with were unsure as to who was their registered GP. This was because historically other practices in the locality had merged and these GPs had joined the practice and had since retired. Patients told us not knowing who their named GP was, wasn't a problem as they were always seen. We asked the practice manager about this and how patients could be informed of who their registered GP was. They told us that previously it had been the responsibility of the Primary Care Trust (PCT) to inform patients. It was unclear if this would be the role of the local Clinical Commissioning Group who had taken over from PCT's. The registered provider may wish to consider how patients' could be informed of their registered GP.

We saw that when a patient first registered with the practice they were invited to attend a health screen with a healthcare assistant and then after patients could make an appointment with a doctor should they need to. We saw that healthcare screens were comprehensive and included BP tests, weight and height measurements, consideration of smoking and alcohol intake along with family medical history. We spoke with a new patient before and after their health screen. They told us; "it was good. I can see the doctor

now."

We saw that both the healthcare assistant and practice nurses provided a number of health promotion clinics including smoking cessation and a number of chronic diseases clinics including COPD and heart disease. We saw patient recall systems were in place for patients with chronic health conditions who were recalled for ongoing monitoring of their condition. We spoke with one patient who told us they attended the practice for regular reviews of their medical condition. They described the service they received as 'Brilliant' and said: "The nurses are fantastic, they [staff] makes you feel so comfy."

We found that there were other arrangements in place to monitor patient care and treatment. The practice used 'Telehealth' which monitored specific chronic health conditions such as heart disease and hypertension. We were told that patients had a self-management plan and provided data to the surgery twice per week. We were told that the system had been beneficial in reducing the number of patient admissions to hospital.

We observed that a number of multidisciplinary health care meetings took place at the practice and these to assured the continued monitoring of patients conditions and treatments, for example monthly Gold Standards Framework meetings which reviewed complex patient cases. This meant that patients could be assured that they received safe and appropriate treatment that met their needs. We attended a patient review meeting on the day of our inspection and saw how collectively GPs, practice nurses and a healthcare assistant all contributed to decision making processes about future patient care. This showed the provider worked with other professionals to ensure the welfare and safety of people who used the service. Gold Standard Framework meetings were held monthly and looked at palliative care for patients, cancer patients and high risk data re hospital use.

The practice stored a number of vaccinations and we wanted to check that these were stored correctly and were in date. We saw that all vaccines stored at the practice were in date and safe to use. We saw that fridge temperatures were recorded so as to ensure that vaccines were stored at the correct temperature. We were told that visual checks of the stock were undertaken on a regular basis but these checks were not recorded. We saw that emergency drugs were stored correctly at the practice. We were told that a visual stock count of these drugs was also undertaken but these checks were not recorded. The provider may wish to consider putting systems in place to record such checks had taken place.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

Patient's who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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During our inspection we observed information in the patient waiting area advising patients of who to contact should they have concerns about abuse or abusive relationships. Patients told us they were treated well by all staff at the practice. We observed that patients were treated with dignity and consideration by staff at all times. Patients we spoke with told were happy with the care and treatment they received and they had no complaints.

The practice adhered to commissioning safeguarding children and vulnerable adults policy for NHS Tameside and Glossop. We spoke with the registered provider, the practice manager, nursing staff, healthcare staff and reception staff about their understanding of good safeguarding practice, their duty of care, and their responsibility to keep children and vulnerable adults safe. We reviewed staff training records and saw that all staff had completed safeguarding training. We asked staff what action they would take in response to safeguarding concerns. We found that staff were able to tell us what action they would take in response to concerns and how they ensured patient safety. This meant that staff were trained in safeguarding children and vulnerable adults and that they knew how to respond and protect people.

On the day of our inspection a meeting of clinical staff was scheduled to discuss concerns regarding children and parents due to their reluctance to engage with the surgery. We saw good evidence of discussion of concerns and what action to take. The clinical group could refer to the local children's safeguarding team or put measures in place to try reengage with parents. This meant that the practice was responding appropriately to safeguarding concerns and was taking steps to prevent abuse from happening.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

The provider had taken steps to provide care in an environment that was suitable designed and adequately maintained.

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### Reasons for our judgement

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HT Practice was located on the first floor of the Ashton Primary Care Centre. The building was owned by a private company who were responsible for the maintenance of the building. We saw there was firefighting equipment throughout the building; this had been serviced and was in date.

The centre was suitable for disabled and frail patients. There was a lift to the first floor where the practice was located.

The practice occupied a large self-contained area on the first floor of the building. There was a large spacious patient waiting area with a reception area that had access for people in wheelchairs. The patient waiting area included disabled toilets along with parent/baby changing facilities. One patient told us that the waiting area was always 'clean and tidy'.

There were two offices behind the reception desk where reception staff could talk and make discreet telephone calls without patients overhearing their conversations. We saw that paper copies of patient's records were stored in this area in a locked and secure facility.

Patient treatment areas could only be accessed via security fobs that were held by staff. Patients accessed GP treatment rooms and other treatment areas by staff releasing a door security mechanism. This meant that patient treatment areas were secure and access to patient information was restricted to relevant persons employed at the practice.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

Patients' were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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We wanted to know how staff were supported in their roles and what training they had access to. We discussed staff training and support for clinical and non-clinical staff employed at the practice with the practice manager, a practice nurse, a healthcare assistant and the head of reception. We saw a training matrix which detailed what training staff had completed. We saw that staff were up to date with their basic life support training, safeguarding children and vulnerable adults training and equality and diversity training, first aid and information governance. We looked at staff training and support files and saw evidence of certificates and other qualifications that had been completed. This meant that both clinical and non-clinical staff were sufficiently trained to undertake and perform their roles and responsibilities.

We saw arrangements were in place to enable staff to acquire further skills and qualification that were relevant to the work they undertook. We saw one member of staff was trained and qualified to run smoking cessation courses told us that they updated this training annually. We saw staff held other qualifications for example; one nurse had completed training in advanced life support and was completing advanced studies in insulin and diabetes care. This meant that staff collectively had a range of qualifications and skills that supported them in their day to day work and benefited patients.

We saw that reception staff were trained and supported to work across both surgeries. Staff told us: "We can speak with the doctors anytime we feel the need or if we need to check something out."

We found that all staff had an annual appraisal. We saw copies of signed and dated appraisals for clinical and non-clinical staff. We were told that peer review arrangements were in place between GPs. We saw that GPs in the Tameside area attended a 'Target' meeting once a month. Target meetings provided protected learning time for GPs and were held at Tameside General Hospital. Target meetings were held on a Thursday afternoon. The practice closed and patients could access emergency treatment from an out of hours service that provided cover. GPs who attended the target meeting could choose between four to five modules and aimed to attend at least two modules. Meetings were led by the clinical commissioning groups or by specialist consultants and included

topics such as erectile dysfunction and dietary advice. One GP we spoke with said of the meetings: "They are good sessions. Very structured training sessions."

We found there were lots of good informal supervision arrangements in place for staff and these provided an opportunity for staff to consider their work practice. We found that nurses at the practice met once a month to discuss clinical issues and other work practice issues. We saw that nurses also meet with the GP once a month. We saw that reception staff also met as a separate group once every three months. Clinical and non-clinical staff told us they enjoyed working at HT Practice and one member of staff said: "I'm very comfortable working here and I'm well supported."

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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We found that the service provided patients with several opportunities to share their views and experiences of the practice. HT Practice had a patient participation group which met on a quarterly basis and was attended by patients, the practice manager, the healthcare assistant and the reception manager. The patient participation group was a forum that provided people who used the services of HT Practice with an opportunity to discuss and to be involved in decisions about the range and quality of services provided by the practice.

We spoke with a member of the patient participation group who had recently been appointed as the chair of the group. They told us the group had been kept well informed of developments at the Highlands practice which was in the process of being revamped with a lift and disabled access being provided for patients and visitors. We saw that the results of patient surveys were discussed at the meeting and as a result of patient feedback an open appointment system that had previously operated at the Highlands practice had ceased to operate. This meant that the registered provider had taken account of patient's views and experiences when improving the quality of the service provided.

The practice had a comments and suggestion box located in the waiting area. This provided patients with a further opportunity to express their views and experiences of the service. All comments and suggestions were reviewed by the practice manager and the reception manager and actions taken in response to comments

We saw that complaints were monitored and patient comments slips were provided in the reception area but we did not see the complaints process displayed in the practice. We discussed this with the practice manager who told us they would arrange for the complaints process to be displayed in the waiting area.

We saw the practice recorded and reviewed significant events. We saw that significant events were investigated and action had been taken to avoid recurrence. This meant the provider took account of significant events to identify and manage risks to the safety and welfare of people who used the service.

The practice participated in the Quality and Outcomes Framework system (QOF). The QOF is an annual, voluntary performance assessment system used by the NHS to measure GPs' performance in a number of clinical and non-clinical areas. In addition to participating in the QOF we found that the practice had a number of systems in place to monitor the provision and quality of the service they provided to patients. For example we saw that the practice monitored the way chronic illnesses and diseases were managed and this included altering staff to when patient reviews were due and recall appointments. Other systems in use at the practice included the monitoring and uptake of vaccines, what clinics were operating, appointment times and availability. These systems showed the provider had systems in place to assess, monitor and improve the quality of service people received.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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