

Cheetham Hill Primary Care Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cheetham Hill Primary Care Centre on 22 March 2016. Overall the practice is rated as good.

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

- There was a clear leadership structure and staff felt supported by management team. The practice proactively supported staff members to carry out their roles confidently and effectively, whilst developing and progressing staff further with training and development.
- Risks to patients were assessed and well managed. We saw evidence of a robust infection control process in place with a strong lead.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events which were clearly documented in minutes from meetings.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw a number of examples of outstanding practice:

The practice initiated insulin in the community for patients with diabetes, something which is normally commenced in hospital. The practice had a strong and proactive clinical lead and a team who actively and effectively managed and monitored patients with diabetes. They used clinical audits and analysed outcomes to demonstrate improvement to patients' quality of life. Staff had undertaken specific qualifications in diabetes to enhance and develop the skills in the team

Summary of findings

The practice were proactive and responsive to understanding their multi-cultural and diverse population needs. This resulted in a research study with Lancashire Care NHS Foundation Trust, which explored psychological intervention for postnatal depression in the

British mothers of south Asian origin. The practice had set up the BOOST programme which was a successful self-help group that met at the practice and supported new mothers who may be at risk of postnatal depression.

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.

- When there were unintended or unexpected safety incidents, patients received reasonable support, information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a strong infection control process and lead.
- 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 with clinical and non-clinical staff supporting different aspects of the patient's journey.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice demonstrated how they ensured role-specific training to support and develop staff. One example was the development of a member of clinical staff studying to become a prescriber.
- The practice had defined clinical leads in areas of safeguarding, nurse led services, diabetes and palliative care.
- Staff assessed needs and delivered care in line with current evidence based guidance, for example understanding the diverse community.
- Staff had the skills, enthusiasm, knowledge and experience to deliver effective care and treatment. With evidence of appraisals and personal development plans for all staff.
- Staff worked with a range of multidisciplinary teams to understand and meet the range and complexity of people's 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 several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

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.

- The practice offered extra support to patients, who were new UK entrants, offering support on NHS procedures and NHS health checks.
- The practice hosted multiple community services for example: cardiology clinic, community respiratory clinic, pain management clinic, dermatology clinic and fit to work scheme.
- The practice was proactive in innovation to help support patients' needs; For example they were piloting virtual consultations starting in April 2016.
- 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.
- 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 strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a defined leadership structure and staff felt supported by the senior management team. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a strong focus on continuous learning and improvement at all levels, with multiple areas of the practice working toward high or new qualification to enhance their skills.
- 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

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about 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 and working well.

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 had a close relationship with local care homes and offered support, training and signposting to help care staff in caring for their patients.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in meetings with other healthcare professionals and social services to discuss any concerns.
- There was a named GP for the over 75s with longer appointments when required

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.
- All housebound patients with a chronic disease received face-to-face reviews.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 98% compared to the national average of 88%.
- 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.

Good



Families, children and young people

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

- Appointments were available outside of school hours and the premises were suitable for children and babies.

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.
- The practice regularly liaised with health visitors who attended on a weekly basis.
- Immunisation rates were high for all standard childhood immunisations.
- We saw good 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.

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 identified patients who may be in need of extra support; one example was the practice had 40 patients registered who were homeless.
- The practice supported many patients who were vulnerable, including asylum seekers, domestic violence victims, and alcohol users.
- The practice was proactive and met monthly to discuss patients who were vulnerable, isolated and at risk of admission to hospital. These patients were then followed up till they were no longer in crisis and their ability to self-care was improved.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those 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 on January 2016. The results showed the practice was performing in line with local and national averages. 414 survey forms were distributed and 100 were returned. This represented 0.8% of the practice's patient list.

- 75% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 58.5%, national average 60%).
- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 80%, national average 85%).

- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards all were positive about the standard of care received.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable and caring. However five patients were not happy with the telephone system

Outstanding practice

We saw a number of examples of outstanding practice:

The practice initiated insulin in the community for patients with diabetes, something which is normally commenced in hospital. The practice had a strong and proactive clinical lead and a team who actively and effectively managed and monitored patients with diabetes. They used clinical audits and analysed outcomes to demonstrate improvement to patients' quality of life. Staff had undertaken specific qualifications in diabetes to enhance and develop the skills in the team

The practice were proactive and responsive to understanding their multi-cultural and diverse population needs. This resulted in a research study with Lancashire Care NHS Foundation Trust, which explored psychological intervention for postnatal depression in the British mothers of south Asian origin. The practice had set up the BOOST programme which was a successful self-help group that met at the practice and supported new mothers who may be at risk of postnatal depression.

Cheetham Hill Primary Care 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 advisor, practice manager specialist advisor and expert by experience.

Background to Cheetham Hill Primary Care Centre

Cheetham Hill Primary Care Centre is located edge of Manchester city centre and is overseen by North Manchester Clinical Commissioning Group (CCG).

The practice is in a highly deprived area of Manchester, and treats a varied ethnically diverse population group. Patients groups ranged from white British to 40% of patients being South Asian, with up to 34 different languages spoken. The practice sees a high turnover of patients due to temporary living accommodation nearby, whilst also treating a high number of new immigrants arriving in Manchester. English is not the first language of many of the patients and a high portion of patients had poor educational skills.

The practice is a large two storey building which provides multiple services in the community and has community teams based there, which include: district nursing, community active case management service, mental health team, contraception and sexual health, community paediatrics, speech and language, orthoptist, alcohol team and a pharmacy.

The ground floor had full disabled entrance access with a large seated reception area; there was a second waiting area which held nurses' treatment rooms. The GP consulting rooms were all located on the ground floor with a private room behind reception for patients needing to discuss confidentially. The first floor was accessible by stairs or lift and held a mix of staff offices and external treatment rooms with small seated waiting areas. There were disabled toilets on both floors, with the ground floor having baby changing facilities and a breast feeding room. All staffing areas were closed off to the public with a fob card entry system.

The practice has five GP partners and three salaried GPs (three males and five females) with one advanced nurse practitioner, three practice nurses and one healthcare assistant. Members of clinical staff are supported by one business manager and one assistant practice manager and reception and administrative staff. The practice is open from 8am until 6.30 pm Monday to Friday. Appointments times are between 9am and 6pm.

The practice has a Personal Medical Service (PMS) and a General Medical Service (GMS) contract with NHS England. At the time of our inspection in total 13,600 patients were registered.

Patients requiring a GP outside of normal working hours are advised to call "Go-to- Doc" using the usual surgery number and the call is re-directed to the out-of-hours service. The surgery is part of Prime Ministers GP Access scheme offering extended hours and weekend appointments to patients and also hosts this service in house.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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 that we hold about the practice and asked other organisations to share what they knew. We reviewed :

- Reviewed information available to us from other organisations e.g. NHS England.

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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 are provided for specific groups of people and what good care looks 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)

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw that meetings were held to discuss all significant events. Review meetings took place to ensure any required actions were sustained to avoid a repeat of the incident. Significant events was an agenda item for the regular GP meetings.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for both safeguarding of adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- 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. The practice nurse was the infection

control clinical lead who was extremely proactive and knowledgeable which reflected throughout the practice. The practice had 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. All staff had received hand washing training.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations with robust clinical support.
- We reviewed three personnel files; we found appropriate recruitment checks had been undertaken prior to employment. These included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

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 and the practice had named health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Staff had received fire training and health and safety training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This was maintained by the practice and the external owners of the building.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

Are services safe?

of substances hazardous to health (COSHH -regulations require employers to control exposure to hazardous substances to prevent ill health) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) maintained by the practice and building owners.

- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was a personal alarm system in every treatment room and also instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 fit for use, with clear rota system in place.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However staff spoken to were not aware of the policy.

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 peoples' 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 96.8% of the total number of points available, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-14 showed;

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 94% which was higher than the national average of 78%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 86.7%, which was higher than national average of 83%.

Clinical audits demonstrated quality improvement.

There had been various clinical audits completed in the last two years, with two of these having been completed audit cycles where the improvements made were implemented and monitored.

- There were planned review dates for all audits, there was room for clinical staff to increase the number of audits performed.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, we saw multiple examples of staff who were expanding and developing within their role. The assistant practice manager was undertaking a management qualification with clinical staff expanding their roles in prescribing and diabetes.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had an appraisal within the last 12 months. We saw evidence of a strong learning and development culture for all staff.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, there was evidence of sourced resources and clinical discussion at practice meetings and between clinical staff with a strong personal development, support and reflection process in place.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that regular multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- All staff had been trained in the Mental Capacity Act 2005.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support; one example was the practice had 40 patients registered who were homeless. These patients were not de-registered if they moved around and remained on the practice list as temporary patients with alerts on the system so no letters were sent to their previous addresses. These patients were given advice about support services.

The practice used the in house services, whilst being able to provide support for patients which included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those with a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant services in-house or externally.

Practice nurses gave dietary advice and a smoking cessation service was available at the practice. Practice nurses held various long term and acute clinics to support patients.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72.1% to 97.3% and five year olds from 85.1% to 94.3%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.
- The practice had a separate appointment phone in the reception waiting area where patients could make a call to book an appointment in a more private environment.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed with a private room available to discuss sensitive or confidential issues.

All of the 14 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. One patient commented the practice gave a five star treatment always.

We spoke with three members of the patient participation group (PPG). They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. There were areas to improve and develop the PPG further and the practice were looking at ways to expand and improve the role.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 83% said the GP was good at listening to them compared to the CCG average of 85% and national average of 87%.
- 74% said the GP gave them enough time (CCG average 84%, national average 87%).

- 90% said they had confidence and trust in the last GP (CCG average of 94%, national average of 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average of 84%, national average of 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average of 90%, national average of 91%).

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 on the comment cards we received was also positive and aligned with these views.

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% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 90%, national average 91%)

Staff told us that translation services were available for patients who did not have English as a first language with staff using visual aids to also help in some cases. We saw notices in the reception areas informing patients this service was available, however due to the building being repainted the notice boards were taken down with blank walls. We did see visual evidence of multiple information boards and support information previously available to patients.

Patient and carer support to cope emotionally with care and treatment

Notices in the main patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice were involved in setting up the BOOST programme a successful self- help group which supported new mothers who may be at risk of postnatal depression.
- The practice initiated insulin in the community for patients with diabetes, something normally commenced in secondary care. This enabled patients' care to be closer to home. The practice had a strong clinical lead and passionate clinical staff which resulted in patient education and support in managing diabetes.
- The practice hosted multiple community services for example: cardiology clinic, community respiratory clinic, pain management clinic, dermatology clinic and fit to work scheme.
- The practice offered extra support to patients, who were new UK entrants, one example being educating on the NHS procedures and offering NHS health checks.
- The GP and two non-clinical staff members were involved in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.
- The practice hosted a fortnightly support clinic run by the local citizens advice.
- The practice was an accredited Yellow fever centre.
- There were disabled facilities, lift and access for patients in a wheelchair; also there was a disabled toilet for patients on both levels of the building.
- Patients could access online their medical records and a range of other services such as ordering repeat prescriptions.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. In addition to pre-bookable appointments that

could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice was part of a GPPO Neighbourhood Hub service in conjunction with other practices, to offer extended hours opening times for patients, which was hosted at the practice.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 75% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 68.41% patients said they always or almost always see or speak to the GP they prefer (CCG average 58.5%, national average 60%).

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system
- The practice had a system to ensure all complaints were discussed and actioned in the team meetings, we saw evidence of these in the practice minutes.

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

Are services well-led?

Good 

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

Our findings

Vision and strategy

The GPs and staff held a view of the priorities and strategy for the practice:

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- When we spoke to the staff they did all indicate they strive to deliver the best care and service to patients.
- 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.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements, one example being in the area of diabetes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the shared drive on any computer within the practice.
- We looked at a sample of these policies and procedures and saw they had been reviewed regularly, up-to-date and a true reflection of the practice.
- A comprehensive understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The clinical and senior management staff demonstrated an enthusiasm for their work and all shared the same purpose to provide the best care for their patients, this was seen with the enthusiasm of each clinical specialism and the staff who all felt part of the team and making the process work. There was a need to focus on the branch surgery and ensure they were managed and supported in a consistent way.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- They were discussed and actioned in clinical meetings, where clear documentation was recorded.

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 evidence of meetings where various subjects had been discussed and actioned.
- 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 in doing so and felt supported if they did.
- 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.
- There was a clear drive from all staff to help and improve the patient journey.

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

Are services well-led?

Good 

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

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.

- It had gathered feedback from patients through surveys and complaints received.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice ran a patient participation group (PPG). The practice was exploring different options in how to grow and develop for the future.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part of pilot schemes to improve outcomes for patients. A current project which was due to start in April 2016 was virtual consultation sessions, providing patients the option to speak and see a GP using a mobile device or electronic application from work or home.

The practice was involved in multiple areas of professional development for all staff clinical and non-clinical.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.