

# West End Medical Centre

## Quality Report

98-102 Stockport Road  
Ashton Under Lyne  
OL7 0LH  
Tel: 0161 339 5488  
Website: [www.westendmedicalcentre.co.uk](http://www.westendmedicalcentre.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 a comprehensive inspection of West End Medical Centre on 21 April 2015. We found that the practice was rated as good overall.

Our key findings were as follows:

- The practice is rated as good for safe. Staff understood their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. There were enough staff to keep people safe.
- The practice is rated as good for effective. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included the promotion of good health. Staff had received

training appropriate to their roles and further training needs were identified and planned. The practice had an effective appraisal system in place for all staff. Multidisciplinary working was evidenced.

- The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.
- The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with NHS England and the local Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and the GPs and continuity of care, with urgent appointments available the same day. The practice had good facilities and was

# Summary of findings

well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.

- The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. Staff had received inductions, regular appraisals and attended staff meetings. The practice had a developing patient participation group (PPG).

We saw several areas of outstanding practice including:

- The practice runs a scheme known as the “Difficult Patient Scheme” that includes some vulnerable adults who are given priority appointments due to their complex needs.
- The practice has an over 75’s wellbeing service to support patients with aspects of their daily life.

However there were areas of practice where the provider needs to make improvements. Importantly the provider should:

- Ensure that staff receive training and development for managing the cold chain process.

**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 safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. The practice provided opportunities for the staff team to learn from significant events and was committed to providing a safe service. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice assessed risks to patients and managed these well.

Good



### Are services effective?

The practice is rated as good for effective. Patients' care and treatment took account of National Institute for Health and Care Excellence (NICE) and local guidelines. Patients' needs were assessed and care was planned and delivered in line with current legislation. The practice was proactive in the care and treatment provided for patients with long term conditions and regularly audited areas of clinical practice. There was evidence that the practice worked in partnership with other health professionals. Staff received training appropriate to their roles and the practice supported and encouraged their continued learning and development.

Good



### Are services caring?

The practice is rated as good for caring. Patients told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect and were aware of the importance of confidentiality. The practice provided advice, support and information to patients, particularly those with long term conditions, and to families following bereavement.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. The practice reviewed the needs of its local population and engaged with NHS England and the local Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Patients told us it was easy to get an appointment and a named GP or a GP of choice, with continuity of care and urgent appointments available the same day. The practice had good facilities and was

Good



# Summary of findings

well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for well-led. The practice had an open and supportive leadership and a clear vision to continue to improve the service they provided. There was a clear leadership structure and staff felt supported by management. The practice had well organised management systems and met regularly with staff to review all aspects of the delivery of care and the management of the practice. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this was acted upon. There was evidence that the practice had a culture of learning, development and improvement. The practice had an active patient participation group (PPG).

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 was knowledgeable about health needs of older patients and had a clinical weekly meeting which included the care of older people. They had information on patients' health conditions, carers' information and whether patients needed home visits. This information was used to provide services in the most appropriate way and time sensitive manner. Staff were also able to recognise signs of abuse in older people and knew how to refer these concerns.

Older people were given priority for emergency appointments. On a daily basis each GP had the capacity to see six extra patients as well as their allocation during morning clinic. Older People were given priority.

There was an over 75's wellbeing service introduced in 2014. This service was targeted at this population group and the objective was to help patients with every aspect of their daily lives if they felt it would benefit them. This included social, financial (benefits available) and personal needs. All 282 patients in this group were sent a letter from the surgery explaining the new scheme. To date almost 30 patients have signed up to the scheme and feedback from them was positive. The practice was reviewing the scheme and all patients will be offered a home visit health and wellbeing screening checks with the assistant practitioner and scheme facilitator.

We found the practice worked well with other agencies and health providers to provide support and access specialist help when needed. We found that treatment and care was delivered in line with the patient's needs and circumstances, including their personal expectations, values and choices.

Where older people had complex needs then special patient notes or summary care records were shared with local care services including the out of hour's provision. End of life care information was shared with other local services.

Good



### People with long term conditions

The practice is rated as good for people with long-term conditions. The practice was knowledgeable about the health needs of patients with long term conditions. They worked with other health services and agencies to provide appropriate support. The practice runs an anti-coagulation clinic and had several patients who attend regularly.

Good



# Summary of findings

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed. The practice team ensured that patients with long term conditions were regularly reviewed by practice staff and their care was coordinated with other healthcare professionals when needed.

The practice took part in an unplanned admissions scheme whereby patients who are at risk of recurrent admission due to their multiple conditions had been given a direct dial surgery number and care plan to enable them or their carer to speak urgently to a clinician.

## **Families, children and young people**

The practice is rated as good for families, children and young people. The practice provided services to meet the needs of this population group. There were comprehensive screening and vaccination programmes which were managed effectively to support patients. A variety of services and clinics were in place to ensure that the diverse and specialist needs of this population group were being met. Young children with anxious parents are given urgent on the day appointments if they need them.

Staff were knowledgeable about child protection and a GP took the lead for safeguarding. For children and young people Gillick assessments were completed.

Good



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

The practice is rated as good for the population group of the working-age people including those recently retired. The needs of the working age population and those recently retired had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offer continuity of care. This included a late surgery two days per week. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

Good



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

The practice is rated as outstanding for the population group of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities. The practice had offered annual health checks for people with learning disabilities. The practice offered longer appointments for people with learning disabilities if required and carer support. There was a GP who took the lead for safeguarding vulnerable adults.

Good



# Summary of findings

The practice runs a scheme called the “Difficult Patient Scheme” that includes some vulnerable adults who are given priority appointments due to their complex needs. There was also a drugs clinic on Tuesdays at the surgery. The practice was close to some temporary accommodation for homeless patients, many of which have been subject to domestic abuse. These vulnerable patients were registered with the practice if they need GP services for the time they were at the temporary accommodation until they were relocated.

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

GPs worked with other services to review and share care with specialist teams and maintained a register of people within this population group. During our inspection we did not encounter any barriers to access for this population group. There were systems in place to enable timely and appropriate referrals to be made to mental health services for patients if needed.

Health promotion advice and information was available to this population group which included information about MIND, a mental health charity. Staff had an understanding of the mental capacity act.

The practice had reviewed patients at risk of dementia and screened them to see if further investigations need to be sought. This year the practice reviewed several patients the Clinical Commissioning Group (CCG) had highlighted as having dementia or dementia related medications to see if further investigation is needed.

Both partner GP’s are Section 12 approved doctors and had particular interest in mental ill health. This supports them when dealing with patients who were experiencing poor mental ill health.

**Good**



# Summary of findings

## What people who use the service say

We spoke with six patients who used the service on the day of our inspection and reviewed 35 completed CQC comment cards. The patients we spoke with were very complimentary about the service. Patients told us that they found the staff to be extremely person-centred and felt they were treated with respect. The comments on the cards provided by CQC were also very complimentary about the service provided.

National GP survey results published in January 2015 indicated that the practice was best in the following areas:

- 80% of respondents with a preferred GP usually get to see or speak to that GP, local (CCG) average: 59%
- 82% of respondents usually wait 15 minutes or less after their appointment time to be seen, local (CCG) average: 65%

- 86% of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care, local (CCG) average: 84%

National GP survey results published in January 2015 indicated that the practice could improve in the following areas:

- 63% of respondents would recommend this surgery to someone new to the area, local (CCG) average: 75%
- 75% of respondents say the last GP they saw or spoke to was good at listening to them, local (CCG) average: 87%
- 74% of respondents say the last GP they saw or spoke to was good at treating them with care and concern, local (CCG) average: 85%

There were 379 surveys sent out, 121 returned giving a completion rate of 32%.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure that staff receive training and development for managing the cold chain process.

## Outstanding practice

- The practice runs a scheme known as the “Difficult Patient Scheme” that includes some vulnerable adults who are given priority appointments due to their complex needs.
- The practice has an over 75’s wellbeing service to support patients with aspects of their daily life.

# West End Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

CQC Inspector accompanied by two specialist advisers, a GP and a practice nurse, and an expert by experience who is a member of the public trained by the CQC.

## Background to West End Medical Centre

West End Medical Centre has about 4,900 patients registered and is part of Tameside and Glossop Clinical Commissioning Group (CCG). The population experiences higher levels of income deprivation affecting children and older people than the practice average across England. There are a lower proportion of patients above 65 years of age (14.3%) than the practice average across England (16.7%). 56.9% of the patients had a longstanding medical condition compared to the practice average across England of 54%.

There are two GPs supported a nurse practitioner and an assistant. There is also a practice manager supported by a reception and administration team. One of the administrative team is also trained as a phlebotomist.

The practice delivers commissioned services under the General Medical Services (GMS) contract.

The Surgery is open as follows:

- Monday 08:15 – 19:30
- Tuesday 08:15 – 19:30
- Wednesday 08:15 – 18:30
- Thursday 08:15 – 18:30
- Friday 08:15 – 18:30

Patients can book appointments in person or via the phone and online. Emergency appointments are available each day. There is an out of hours service available for patients provided by Go to Doc and information available about the local walk in centre.

Information from the General Practice Outcome Standards (GPOS), Quality Outcomes Framework (QOF) and Oldham Clinical Commissioning Group (CCG) information showed the practice rated as an achieving practice.

## Why we carried out this inspection

We inspected this service as part of our new 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. This 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.

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

## How we carried out this inspection

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

- Is it safe?

# Detailed findings

- 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also reviewed further information on the day of the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas. We carried out an announced inspection on 21 April 2015.

During our visit we spoke with a range of staff, including the GPs, nursing and administrative staff and spoke with six patients who used the service. We also reviewed information from the completed CQC comment cards. We observed how people were being cared for and talked with carers and/or family members.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. This included reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident and accident reports and saw evidence that these were reviewed and that action was taken when necessary. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred and we were able to review these.

We saw that incidents and all details of investigations were recorded. All learning points were documented and included discussions with the patient at the centre of the incident, reviews of medication, and sharing of information internally with clinical and non-clinical staff, were appropriate, and externally with the Tameside and Glossop Clinical Commissioning Group (CCG).

We looked at the systems to manage and monitor incidents. We saw records were completed in a comprehensive and timely manner. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

National patient safety alerts were disseminated by the practice manager to clinical practice staff. These are alerts issued to healthcare staff on patient safety issues that require urgent attention and/or action.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that staff had received relevant role specific training on safeguarding. The practice had appointed a dedicated GP as the lead in safeguarding

vulnerable adults and children. They had been trained to level 3 safeguarding vulnerable adults and children. We asked members of medical, nursing and administrative staff about their training. Staff were aware who the lead was and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew what to do if they encountered safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details for local authority safeguarding personal were accessible to all staff.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example if a child was subject to a child protection plan.

There was a chaperone policy. Staff had been trained to be a chaperone (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure) and all staff had undertaken a disclosure and barring service (DBS) check. The staff we spoke with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for maintenance of the cold chain and action to take in the event of a potential failure. We also saw that the temperature of the fridges, used specifically for the storage of medicines and vaccines, were checked and recorded. However we did note that whilst the cold chain protocols were followed there were on occasion gaps in the recording system. However at the time of our inspection we saw evidence that the practice manager had plans to implement training and development for all staff involved in this process. The "cold chain" is the process of keeping medicines within a safe temperature range.

The nurse practitioner oversees the processes in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

## Are services safe?

Vaccines were administered by the practice nursing team using protocols that had been produced in line with legal requirements and national guidance. We saw evidence that the practice nursing team had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The doctor's bag was securely stored when not in use. The GPs were responsible for checking drugs held in the Doctor's bag prior to visits. Any replacement drugs needed were ordered and replaced by the GP.

Any medicines alerts that were received were reviewed by the practice manager and then disseminated to all clinical staff when necessary.

### Cleanliness and infection control

There were systems in place that ensured the practice was regularly cleaned. The nurse practitioner took the lead for infection control within the practice. We found the practice to be clean at the time of our inspection. A system was in place to manage infection prevention and control. We saw that recent audits relating to infection control and hand washing had been completed to ensure actions taken to prevent the spread of potential infections were maintained.

We also saw that practice staff were provided with equipment such as disposable gloves and aprons. This was to protect them from exposure to potential infections whilst examining or providing treatment for patients. These items were readily available to staff in the consulting and treatment rooms.

We looked at the consulting and treatment rooms and found these rooms to be clean and fit for purpose. Hand washing facilities were available and storage and use of medical instruments complied with national guidance with most equipment for single use only. We looked at medical equipment and found that it was all within the manufacturers' recommended use by date.

Appropriate arrangements were in place to dispose of used medical equipment and clinical waste safely. Sharps boxes

were provided for use and were positioned out of the reach of small children. Clinical waste and used medical equipment was stored safely and securely before being removed by a registered company for safe disposal.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella, a germ found in the environment which can contaminate water systems in buildings. We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce the risk of infection to staff and patients. Legionella testing had taken place.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment that supported clinical practice such as spirometers to measure lung capacity, blood pressure monitors and weighing scales.

We also saw that fire and intruder alarms were regularly tested, checked and serviced. There were also checks of fire extinguishers

### Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). However the staff team had remained constant for several years therefore supporting the continuity of care.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place

## Are services safe?

for members of staff, including nursing and administrative staff, to cover each other's annual leave. There was also a system in place to use locum staff to support the practice when needed.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy.

We found checks were made to minimise risk and best practice was followed. These included monitoring staff training to ensure they had the right skills to carry out their work and monitoring stocks of consumables and vaccines to ensure they were available, in date and ready to use.

Most of the staff at the practice had been employed for many years and knew the patients well. Staff we spoke to told us they were able to identify if patients were unwell or in need of additional support, they told us that this meant that they could make arrangements for the patient to be helped accordingly.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received

training in basic life support. Emergency equipment was available including access to an automated external defibrillator, used to attempt to restart a person's heart in an emergency. Emergency oxygen was also available if needed. Staff that would use the defibrillator were regularly trained to ensure they remained competent in its use, which ensured they could respond appropriately if patients experience a cardiac arrest. All staff asked knew the location of this equipment and records we saw confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The practice used a continuity planning and recovery toolkit. A Continuity Plan is designed to ensure that the business can continue to operate (as far as possible) in the event of any unexpected disaster, incident or major occurrence which has the potential to de-stabilise the business and severely impact on the short, medium to long term running of the business. Risks identified included loss of computer system, loss of GP availability and loss of power. The document also contained relevant contact details for staff to refer to.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly describe their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

We saw that the GPs took the lead in specialist clinical areas such as paediatrics and end of life care. The practice nursing staff supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed. The practice team ensured that patients with long term conditions were regularly reviewed by practice staff and their care was coordinated with other healthcare professionals when needed. According to the Health and Social Care Information Centre (HSCIC) data the practice was better than average for the percentage of patients aged over 6 months to under 65 years in the defined influenza clinical risk groups that received the seasonal influenza vaccination. According to the Quality Outcomes Framework (QOF) data the practice was better than average for the percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine ratio test in the preceding 12 months. It was also better than average for establishing and maintaining a register of all patients in need of palliative care/support irrespective of age and for establishing and maintaining a register of patients aged 18 or over with learning disabilities.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit a year.

The practice demonstrated to us that clinical audits had been undertaken. We saw examples of completed audits around minor surgery which showed an effective response to any possible risk to patient safety.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

The practice had achieved and implemented the gold standards framework for end of life care. They were recorded as below average for having regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed. However in discussion with the clinical staff GPs were regularly undertaking joint visits with palliative care nurses.

### Effective staffing

We reviewed six staff files and staff training records, and had discussions with staff. This demonstrated that all staff were able to access regular training to enable them to develop professionally and meet the needs of patients effectively.

We saw that appraisals had taken place. This included staff completing a pre-appraisal preparation form. The appraisal itself covered key objectives and descriptive behaviours, surgery management and organisational skills, teamwork,

# Are services effective?

## (for example, treatment is effective)

professional attitude and development areas. Staff we spoke with said they being supported to access relevant training that enabled them to confidently and effectively fulfil their role.

GPs were supported to obtain the evidence and information required for their professional revalidation. This was where when doctors demonstrated to their regulatory body, the GMC, that they were up to date and fit to practice. All the GP's had undergone recent clinical appraisals.

### Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, x ray results, and letters from the local hospital including discharge summaries, and out of hours services both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers and palliative care nurses when necessary. Decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the meeting with other professionals as a means of sharing important information.

### Information sharing

There was effective communication, information sharing and decision making about a patient's care across all of the services involved both internal and external to the organisation, in particular when a patient had complex health needs. Care was delivered in a co-ordinated and integrated manner with appropriate sharing of patient sensitive data such as safeguarding information being shared with the local safeguarding authority.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely

manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use.

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in meeting their requirements. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice.

The 2015 national GP patient survey indicated 78% of people at the practice said the last GP they saw or spoke to was good at explaining tests and treatments, 75% said the last GP they saw or spoke to was good at involving them in decision making and 95% had confidence and trust in the last GP they saw or spoke to.

Patients we spoke with told us that they were spoken to appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment. The practice computer system identified those patients who were registered as carers and any other information relating to consent was put onto the system and alerts set up to notify clinicians.

All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

### Health promotion and prevention

The practice demonstrated a commitment that ensured their patients had information about a healthy lifestyle. This included providing information about services to support them in doing this. There was a range of information available for patients displayed in the waiting area and on notice boards in the reception areas. This

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

included information on travel vaccinations, chaperones, prescriptions and home visits. They also provided information to patients via their website and in leaflets in the waiting area about the services available.

The practice worked proactively to promote health and identify those who require extra support, for example those with long term conditions. There was evidence of appropriate literature and of good outcomes for these areas as demonstrated in the QOF data.

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion

information to patients. Staff we spoke with were knowledgeable about other services and how to access them. The practice nurse team offered appointments cervical smears, smoking cessation and child health surveillance and well-baby clinics

The practice offered a full range of immunisations for children and flu vaccinations in line with current national guidance. If a patient required any vaccinations relating to foreign travel they made an appointment with the practice nurse to discuss the travel arrangements. This included which countries and areas within countries that the patient was visiting to determine what vaccinations were required.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Patients completed CQC comment cards to tell us what they thought about the practice. We received 35 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. We noted that the waiting areas was located away from the reception desk which helped keep patient information private. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

We looked at the results of the 2015 GP patient survey. This is an independent survey run on behalf of NHS England. The survey results reflected that 74% of respondents said the last GP they saw or spoke to at the practice was good at treating them with care and concern. 88% of respondents said the last nurse they saw or spoke to was good at listening to them.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 75% of practice respondents said the GP involved them in care decisions and 82% felt the GP was good at explaining treatment and results.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the CQC comment cards we received was also positive and aligned with these views.

The practice used a local translation service when needed and they arranged for an interpreter to attend the surgery. They also used language line to support people who did not have English as a first language.

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

The patients we spoke to on the day of our inspection told us that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. We were shown the information available for carers to ensure they understood the various avenues of support available to them.

We saw that there was a system for notifying staff about recent patient deaths. Staff told us that this was helpful when speaking to relatives and others who knew the person who had died. We were told that families who had suffered bereavement were called by the GP to offer support and condolences.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

NHS England and the local Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

We saw the practice carried out regular checks on how it was responding to patients' medical needs. This activity analysis was shared with Tameside and Glossop CCG and formed a part of the Quality and Outcomes Framework monitoring (QOF). It also assisted the practice to check that all relevant patients had been called in for a review of their health conditions and for completion of medication reviews.

Each patient contact with a clinician was recorded in the patient's record, including consultations, visits and telephone advice. The practice had a system for transferring and acting on information about patients seen by other doctors and the out of hour's service. There was a reliable system to ensure that messages and requests for visits were recorded and that the GP or team member received and acted upon them. The practice had a system in place for dealing with any hospital report or investigation results which identified a responsible health professional and ensured that any necessary action was taken. There was a system to ensure the relevant team members were informed about patients nearing the end of their life. There was also a system to alert the out of hour's service if somebody was nearing the end of their life at home.

There was an over 75's wellbeing service introduced in 2014. This service was targeted at this population group and the objective was to help patients with every aspect of their daily lives if they felt it would benefit them. This included social, financial (benefits available) and personal needs. All 282 patients in this group were sent a letter from the surgery explaining the new scheme. To date almost 30 patients have signed up to the scheme and feedback from

them was positive. The practice was reviewing the scheme and all patients will be offered a home visit health and wellbeing screening checks with the assistant practitioner and scheme facilitator.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The premises and services had been adapted to meet the needs of people with disabilities. There was a suitable entrance at the front of the building for wheelchair use access and also disabled toilet facilities available.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

### Access to the service

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website.

Older people were given priority for emergency appointments. On a daily basis each GP had the capacity to see six extra patients as well as their allocation during morning clinic. Older people were given priority. Also young children with anxious parents' are given urgent on the day appointments if they need them.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that those in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

The practice runs a scheme called the "Difficult Patient Scheme" that includes some vulnerable adults who are given priority appointments due to their complex needs.

# Are services responsive to people's needs?

(for example, to feedback?)

There was also a drugs clinic on Tuesdays at the surgery. The practice was close to some temporary accommodation for homeless patients, many of which have been subject to domestic abuse. These vulnerable patients were registered with the practice if they need GP services for the time they were at the temporary accommodation until they were relocated.

The practice took part in an unplanned admissions scheme whereby patients who are at risk of recurrent admission due to their multiple conditions had been given a direct dial surgery number and care plan to enable them or their carer to speak urgently to a clinician.

The national GP survey results published in January 2015 showed that 70% of patients said it was easy to get through to the practice to make an appointment. 83% of patients said they found the receptionist helpful once they were able to speak with them. Patients we spoke with told us that they did not have difficulties in contacting the practice to book a routine appointment.

## Listening and learning from concerns and complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 35 patients chose to comment. All of the comment cards completed were very complimentary about the service provided.

The practice had a system in place for handling complaints and concerns. Their 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.

Patients we spoke with knew how to raise concerns or make a complaint. Information on how to complain was on the practice website and in the practice information leaflet. We looked at complaints received and found they had been satisfactorily handled and dealt with in a timely manner.

Patients were informed about the right to complain further and how to do so, including providing information about relevant external complaints procedures. Patients we spoke with said they would be able to talk to the staff if they were unhappy about any aspect of their treatment. Staff we spoke with told us that not all verbal complaints were recorded if they could be resolved at the time.

# 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 statement of purpose which was to provide people registered with the practice with personal health care of high quality and to seek continuous improvement on the health status of the practice population overall. They aimed to achieve this by developing and maintaining a happy sound practice which is responsive to people's needs and expectations and which reflects whenever possible the latest advances in Primary Health Care.

The GPs we spoke with demonstrated an understanding of their area of responsibility and they took an active role in ensuring that a high level of service was provided on a daily basis. All the staff we spoke with said they felt they were valued and their views about how to develop the service were acted upon.

The practice website and patient participation group (PPG) demonstrated that the practice was interested in the views of their patients and carers and these views were used to consider how the service could be improved. The staff were dedicated to providing a service with patient's needs at the heart of everything they did.

GPs attended locality and Clinical Commissioning Group (CCG) meetings to identify needs within the community and tailored their services accordingly.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on any computer within the practice.

There was a clear leadership structure with named members of staff in lead roles such as a GP was the lead for safeguarding children and vulnerable adults. There were also leads for information governance, a Caldicott guardian and a senior information risk owner (SIRO). The GPs also led for the over 75s, mental health and joint injections. We spoke with members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this

practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at practice meetings and action plans were produced to maintain or improve outcomes.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or from safety alerts. We looked at several clinical audits and found they were well documented and demonstrated a full audit cycle.

### Leadership, openness and transparency

We saw from minutes that team meetings were held regularly, at least monthly but would be convened at any time if circumstances demanded. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. We also saw evidence of regular clinical and managerial meetings that were minuted. These meetings discussed a variety of clinical matters including out of hours data and A&E attendances. These minutes are disseminated to staff.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. We saw that there were staff employment policies in place such as dignity at work, equal opportunities and data protection. We were shown the information that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. Staff we spoke with were aware of the whistleblowing policy and what to do if they were concerned about any matters.

We saw evidence that showed the practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice and all staff recognised the importance of obtaining and acting upon the views of patients and those close to them, including carers. A proactive approach was taken to seek a range of feedback.

# Are services well-led?

Good 

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

The practice had a patient participation group (PPG) who collected feedback on behalf of the practice. This was in the form of a local practice survey. The survey included questions on access to the service, staff and clinical practice. This was supported by an action plan that included such actions introduction of a text messaging service and promotion of the practice website. Information from the survey was displayed in the practice waiting areas.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to develop through training and mentoring. We saw that annual appraisals took place. Staff told us that the practice was very supportive of training and provided them with eLearning through a system called “blue stream academy”. There was also some face to face learning. Training included basic life support, consent, fire safety, chaperoning, safeguarding children and vulnerable adults and information governance.

The practice had completed reviews of significant events and other incidents and shared with staff team meetings to ensure the practice improved outcomes for patients.