

# Roslea Surgery

## Quality Report

51 Station Road  
Bamber Bridge  
Preston  
PR5 6PE  
Tel: 01772 310100  
Website: [www.rosleasurgery.co.uk](http://www.rosleasurgery.co.uk)

Date of inspection visit: 23/11/2016  
Date of publication: This is auto-populated when the report is published

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9
Outstanding practice	9

### Detailed findings from this inspection

Our inspection team	10
Background to Roslea Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	21

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Roslea Surgery on 23 November 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Not all risks to patients were assessed and well managed. For example, there was no fire risk assessment or regular routine fire checks.

We saw one area of outstanding practice:

# Summary of findings

- The practice employed an advanced nurse practitioner who worked collaboratively between three practices. They visited all the residential and nursing homes in the area weekly and also carried out emergency visits. All patients in the care homes had a personalised care plan that was regularly updated and also included information about their end of life care wishes. The practice was compiling data and indications were that hospital admissions had reduced.

The areas where the provider must make improvement are:

- The provider must do what is reasonably practicable to assess, monitor, manage and mitigate risks to the

health and safety of service users. This includes carrying out health and safety, fire and legionella risk assessments, carrying out regular fire safety checks and taking appropriate action following infection control audits.

In addition the provider should:

- The provider should have a practice specific policy for the safeguarding of vulnerable adults.
- The provider should actively identify carers so appropriate care can be provided.

**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 requires improvement for providing safe services.

- There was no fire risk assessment or operational health and safety risk assessment.
- Not all routine fire checks were carried out.
- An infection control audit had taken place but no action plan had been put in place to monitor improvements but improvements had been made.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were usually in line with or above the CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice employed an advanced nurse practitioner to carry out care home visits and update care plans for all these patients.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice employed an advanced nurse practitioner to carry out residential and nursing home visits.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

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

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice, in collaboration with two other practices, employed an advanced nurse practitioner. They had weekly visits to three residential and care homes in the area as well as visiting urgently when required. They kept care plans personalised and up to date for all these patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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.
- Performance for diabetes related indicators was 96%, which was above the CCG average of 94% and the national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had 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.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with the CCG and national average for all standard childhood immunisations.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice held surgeries for their patients on Saturdays at a nearby practice.
- 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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

Good



# Summary of findings

## 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).

- Performance for mental health related indicators was 100%, which was above the CCG average of 96% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 most recent national GP patient survey results were published in July 2016. The results showed the practice was usually performing below local and national averages. 229 survey forms were distributed and 112 were returned. This was a completion rate of 49% representing 1.3% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 71% and the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.

- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients commented that staff were pleasant and caring, and GPs were approachable and professional.

## Areas for improvement

### Action the service **MUST** take to improve

- The provider must do what is reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This includes carrying out health and safety, fire and legionella risk assessments, carrying out regular fire safety checks and taking appropriate action following infection control audits.

### Action the service **SHOULD** take to improve

- The provider should have a practice specific policy for the safeguarding of vulnerable adults.
- The provider should actively identify carers so appropriate care can be provided.

## Outstanding practice

- The practice employed an advanced nurse practitioner who worked collaboratively between three practices. They visited all the residential and nursing homes in the area weekly and also carried out emergency visits. All patients in the care homes

had a personalised care plan that was regularly updated and also included information about their end of life care wishes. The practice was compiling data and indications were that hospital admissions had reduced.

# Roslea Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and also included a GP specialist adviser.

### Background to Roslea Surgery

Roslea Surgery is located in a converted house on a main road in the Bamber Bridge area of Preston. It is a two storey building. Practice nurses have consultation rooms on the first floor but they use a ground floor consultation room when seeing patients who struggle with the stairs.

There are three male GP partners and three female salaried GPs. There are three practice nurses and an advanced nurse practitioner who works collaboratively between three practices. There is also a healthcare assistant, a practice manager who works between two practices and administrative and reception staff.

The practice is open from 8am until 6pm Monday to Friday, with the telephone lines being open until 6.30pm. In addition Saturday surgeries for patients at this practice are held at a nearby practice.

Surgery times are:

8.10am until 11am and 3pm until 6pm Monday to Thursday

8.10am until 11am and 2.30pm until 5.30pm Friday

9am until 12 noon and 12.30pm until 3pm Saturday, at the nearby Riverside Surgery

When the practice is closed patients are able to access a GP via a registered out of hours provider, Go to Doc Ltd.

At the time of our inspection 8529 patients were registered with the practice. The practice is a member of Chorley and South Ribble clinical commissioning group (CCG). It has a General Medical Services (GMS) contract with NHS England.

The practice is in an area of low deprivation. Life expectancy is in line with the CCG and national averages. There are a higher than average number of patients in the over 65 age group.

The practice is a teaching practice for The University of Manchester medical students.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 November 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager and administrative and reception staff.

# Detailed findings

- Observed how patients were being treated at the reception desk.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documents such as policies and personnel files held at the practice.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff had received training on significant events and they had written guidance to follow if they needed to report one. There was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and reviewed them annually.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had processes and practices in place to keep patients safe and safeguarded from abuse, although some improvements were needed. Processes included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a safeguarding children and vulnerable adult's policy available to all staff. However, the safeguarding vulnerable adult's policy was not practice specific. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to

their role. GPs were trained to child protection or child safeguarding level 3. Where a child or vulnerable adult failed to attend an appointment this was always followed up by a telephone call or letter.

- 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 had given notice to their cleaning company and a new company was due to start in December 2016. We observed the premises to be visually clean and tidy. A GP was the infection control clinical lead, and the deputy was a practice nurse. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been carried out in January 2016. Several areas had been highlighted, for example it was noted that flooring was not clean and undamaged, and walls and wall tiles were not always visibly clean or in a good state of repair. No action plan had been put in place following the risk assessment. Disposable privacy curtains were used. These were changed every 12 months and had last been changed in August 2016. The healthcare assistant carried out blood tests in their room which was carpeted. The practice manager told us they were aware this needed to be changed but it had not yet been arranged.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. These included evidence of identity,

## Are services safe?

references, employment history and registration with the appropriate profession body. Appropriate checks through the Disclosure and Barring Service had also been carried out.

### Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- The procedures for monitoring and managing risks to patient and staff safety were not established. Although a health and safety risk assessment had been carried out by the previous practice manager in February 2016 this looked at confidentiality and building security, not the health and safety of those using the building. The fire alarm system and fire extinguishers had been serviced in the previous 12 months, but there was no fire risk assessment in place. There were no weekly tests of the fire alarm and no documented checks of escape routes and emergency lighting. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. A legionella risk assessment had not been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had 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 stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### 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, for 2015-16, were 97% of the total number of points available. This was the same as the CCG average and above the national average of 95%. The exception reporting rate was 7%, which was below the CCG average of 11% and the national average of 10%. 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.

Data from 2015-16 showed:

- Performance for diabetes related indicators was 96%, which was above the CCG average of 94% and the national average of 90%.
- Performance for mental health related indicators was 100%, which was above the CCG average of 96% and the national average of 93%.

The practice was above average in its prescribing of anti-biotics. They had worked with the CCG to manage this and it was thought it was due to the above average number of patients who were over aged 60.

The practice employed an advanced nurse practitioner who worked collaboratively between three local GP practices. Their main duty was to support the patients living in the care homes in the area. They visited all the

care homes each week and also visited on an ad hoc basis when this was required. Care plans were in place for the nursing home patients and these were regularly reviewed.

There was evidence of quality improvement including clinical audit.

- The practice carried out audits and we saw evidence of audits cycles where improvements were implemented and monitored. These included an audit on psoriasis and cardiovascular disease where the practice could demonstrate an increase in appropriate risk assessments being carried out.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The practice had a good system of managing patients receiving disease-modifying antirheumatic drugs (DMARDs). DMARDs are used to slow down the progression of rheumatoid arthritis. The practice had a spreadsheet to manage and analyse all aspects of this prescribing.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff appraisals had not been carried out for some time. However, we saw evidence that the new practice manager who had been in post for three months, had

# Are services effective?

## (for example, treatment is effective)

started the appraisal process and had received pre-appraisal information for all staff. Appraisal dates were being scheduled and would be completed before the end of March 2016.

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the same as the national average. The practice nurse told us if a patient failed to attend for a smear test they would contact them to explain the importance of the tests.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 94% to 100%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey published in July 2016 showed the practice to usually be below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patient feedback from the comment cards told us patients 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. Feedback was positive. We also saw that care plans were personalised.

Results from the national GP patient survey showed variable results for responses to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Although the practice's computer system alerted GPs if a patient was also a carer, the new practice manager had identified that incorrect read coding had been used so the figures were not accurate. The practice was in the process



## Are services caring?

of re-evaluating the information so that carers could receive appropriate support. 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 telephoned them to offer support. Bereavement counselling was available at the local hospice.

The practice employed an advanced nurse practitioner who worked collaboratively with two other practices. They visited the residential and nursing homes in the area and updated care plans for all these patients. The care plans were personalised and included information about patients' wishes as they neared the end of their lives, including the preferred place of their death.

# 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 offered 28 Saturday appointments a week for their patients. These were accessed at a nearby practice.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice was on two floors and there was no lift. When patients who struggled with the stairs made an appointment with a nurse, based on the first floor, arrangements were made for a ground floor consultation room to be used.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8am and 6pm, Monday to Friday, with the telephone lines being open until 6.30pm. Surgery times were 8.10am until 11am Monday to Friday, and 3pm until 6pm Monday to Friday with 2.30pm until 5.30pm on Fridays. The Saturday surgery times were 9am until 12 noon and 12.30pm until 3pm. The practice had only recently started their Saturday surgeries, and these had increased in popularity, being fully booked on the Saturday prior to our inspection. It was anticipated that patients' satisfaction with opening times would increase. In addition to pre-bookable appointments that could be booked up to a month in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 55% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%. The practice was aware of this and the new practice manager was looking at possible solutions.

Comments by patients on CQC comments cards told us that they were able to get appointments when they needed them. The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Although home visit requests were kept in a book that GPs saw after their morning surgery there was a system to assess the urgency of a home visit and reception staff knew when they should interrupt the GPs' surgeries to inform them an urgent home visit was required.

### 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>

We looked at nine complaints received in the last 12 months and found they had been dealt with in a timely manner and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends 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 practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing the majority of risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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.

The practice had started to work collaboratively with a neighbouring practice. When the previous practice manager, who had worked at the practice for 42 years, retired in July 2016 a decision was made for the manager of the neighbouring practice to work between the two sites. We saw that several changes had been made, including policies being reviewed and updated and staff appraisals being arranged. Staff told us the new system worked well and they were able to contact the practice manager by telephone if they were on site.

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

The practice had a virtual patient participation group (PPG). The practice manager told us there had been little contact with the virtual PPG. However, there was a plan to introduce a face to face PPG in the new year. The practice had previously struggled to arrange meetings but the practice manager planned to use the same model as in their other practice as this had worked well.

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients in 2015 through the patient participation group (PPG). A survey had been carried out and there were plans to introduce surveys again when the new PPG formed in 2017
- The practice had gathered feedback from staff through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had started collaborative working with a nearby practice and improvements included being able to use the building of the other practice for their extended opening on Saturdays.

The practice was a teaching practice for students from The University of Manchester.

This section is primarily information for the provider

## Requirement notices

### 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.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with the lack of a fire risk assessment and regular fire checks. Action plans were not put in place following infection control audits, including how to manage the carrying out of blood tests in carpeted consultation rooms. There was no health and safety risk assessment or legionella risk assessment.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>