

Dr Christina Mary Greenhough

Quality Report

Mossley Medical Practice
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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

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	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Christina Mary Greenhough	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Christina Mary Greenhough on 21 January 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Data showed patient outcomes were in line with or above those locally and nationally.
 - Feedback from patients about their care was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that 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.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There were system in place for reporting and recording significant events
- When there are unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice above others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Patients can access appointments and services in a way and at a time that suits them. Telephone consultations were readily available and home visits were provided to house bound patients including the phlebotomy service.
- The practice offered extended hours from 7am on Wednesday mornings to enable patients to access appointments outside of normal working hours.
- The practice was proactive in working with other providers to provide services in house such as drug and alcohol clinics, mental health services and dermatology. This enabled patient's access to services locally which they would otherwise have to travel.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- It had a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a 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 knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.

Good



Summary of findings

- There was an active and involved patient participation group.

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 patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice embraced the Gold standards framework for end of life care. This included supporting patient's choice to receive end of life care at home.
- The practice worked with the Age UK liaison worker to help meet the needs of patients and carers.

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.
- Longer appointments and home visits were available when needed.
- Where appropriate patients with more than one long-term condition were able to access a joint review to prevent them having to make multiple appointments.
- All these patients had a named GP and a structured annual review to check that 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.
- Patients with COPD and Asthma had self-management plans, access to medication at home for acute exacerbations and were directed to a structured education programme.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was able to provide contraceptive advice and provide.
- We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in working with other providers to provide services in house such as dermatology and podiatry services. This enabled patient's access to services locally which they would otherwise have to travel.
- The practice offered extended hours from 7am on Wednesday mornings to enable patients to access appointments outside of normal working hours.
- The practice participated in the Tameside and Glossop seven day access service in which patients could be booked appointments out of hours and weekends with a GP in the local hub.
- 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. Annual

Good



Summary of findings

reviews were provided for patients with learning disabilities using a nationally recognised tool. Clinical and non clinical staff were due to attend learning disabilities training in January 2016.

- The practice were participating in a local pilot 'local community care team' which was designed to identify and coordinate the care of vulnerable people.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The local drug and alcohol team provided clinics within the practice on a weekly basis.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 100% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate.
- The GP follows up patients initiated on anti-depressants, with medication not placed on repeat prescription allowing the GP to review patients face to face on a regular basis.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The local mental health service ran clinics within the practice on a weekly basis for patients within the practice and surrounding area.
- It carried out advance 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. The practice promoted the local "Healthy Minds" service.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing higher than local and national averages. There were 121 responses and a response rate of 34%, representing 5% of the practice population.

- 90% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 90% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 77% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

- 71% would recommend this surgery to someone new to the area compared with a CCG average of 73% and a national average of 78%

The practice invited patients within the practice and online to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to feed back on the quality of care they have received. Results from the five responses received throughout November and December 2015 showed 100% of patients would be 'Extremely likely' to recommend Dr Greenhough to Friends or family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff. The eight patients we spoke with were complimentary of the staff, care and treatment they received. We also spoke with one members of the patient participation group who were positive about the practice and felt listened to and involved in practice developments.

Dr Christina Mary Greenhough

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor and expert by experience. Experts by Experience are members of the public who have direct experience of using services.

Background to Dr Christina Mary Greenhough

Dr Christina Mary Greenhough is a single handed GP practice which provides primary medical services in Mossley, Tameside from Monday to Friday. The surgery opening times are:

Monday 8:30am - 6:30pm

Tuesday 8:30am - 6:30pm

Wednesday 7:00am - 1:00pm

Thursday 8:30am - 6:30pm

Friday 8:30am - 6:30pm

Appointments with GPs were available Monday to Friday 8:30am to 10:30am and 4:00pm – 5:30pm. Closed Wednesday afternoon.

Dr Christina Mary Greenhough is situated within the geographical area of Tameside and Glossop Clinical Commissioning Group (CCG).

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Dr Christina Mary Greenhough is responsible for providing care to 2378 patients.

The practice is single handed with one GP whom is female, a nurse and health care assistants. The practice also have two long standing locum GPs. The practice is supported by a practice manager, receptionists and administrators.

When the practice is closed patients were directed to the out of hour's service.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

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:

Detailed findings

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

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

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

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 21 January 2016. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with eight patients, one members of the patient participation group and seven members of staff, including the GPs, practice manager, practice nurse, health care assistant, reception and administration staff.

We reviewed 20 Care Quality Commission comment cards where patients and members of the public had shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and clinical events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for consistency.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. All significant events and incidents were written up and discussed with relevant staff, following which action plans were implemented. We noted significant events were reviewed to ensure actions implemented were effective.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was lead for safeguarding children and adults. The lead attended local safeguarding meetings and attended where and when possible case conferences and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We noted the GP, as a CCG board member had responsibility for safeguarding children and adults. The GP also chaired the local joint safeguarding meetings with local out of hours providers.
- A notice was displayed in the waiting room, advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS).

(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).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice carried out a fire risk assessment. All of the electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.
- Staff recruitment checks were carried out and the two files we reviewed showed recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty to meet patients' needs.

Arrangements to deal with 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

Are services safe?

available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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 carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including NICE best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date with these guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice had a range of clinical protocols in place for clinicians to follow, including a learning disabilities protocol and prevention of Chronic heart disease.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99% of the total number of points available, with 3.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were in line or above the national average in a number of clinical outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators were comparable to CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were comparable to the CCG and national average.
- Performance for palliative care related indicators was above to the CCG and national average.

Clinical audits demonstrated quality improvement.

- There had been a range of clinical and non clinical audits completed in the last two years, all were either in the process or completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example maintaining an accurate hypothyroid register.

The practice participated in applicable local audits, engaging in the new CCG quality scheme, national benchmarking, accreditation, peer review, research and pilots.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, one-to-one meetings, appraisals, facilitation and support for the revalidation of doctors and nurses.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to e-learning training modules and in-house training.
- The practice promoted learning within the practice and had supported nursing staff to become advanced nurse practitioners and reception staff to train as health care assistants.

Are services effective?

(for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice were able to refer patients where appropriate to an over 75s worker, whose role was to liaise with patients over 75 years of age. Their role included supporting patients with social needs, advocacy and signposting to other health and social care providers and voluntary organisations.
- The practice also worked with local mental health service and drug and alcohol service, which ran clinics weekly from the practice for patients within the practice and referrals for other providers.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and were minuted.

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. Clinical staff had undertaken training in relation to the MCA 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 GPs would assess the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with poor mental health and those requiring advice on their diet, smoking and alcohol cessation. The health care assistant provided in house weight management programme for patients and smoking cessation. Patients who may be in need of extra support were identified by the practice and where they required emotional and or psychological support the practice referred patients to the healthy minds self-referral service.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 91.01% which was above the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, NHS England figures showed in 2015, 90.6% of children at 24 months had received the measles, mumps and rubella (MMR) vaccination.

Flu vaccination rates for the over 65s were 86.35% and at risk groups 80.72%. These were above the CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for people aged 40–74 and annual health checks for carers. During 2014/15 the practice invited 154 eligible patients for NHS health checks and carried out 173.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 20 patient CQC comment cards we received and the eight patients we spoke with were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comments included, caring and friendly, family practice and never feel rushed.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

The practice had higher satisfaction scores on consultations with doctors and nurses as compared to national and CCG scores. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

- 98% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 available to them. Patient feedback and comment cards we received were also positive and aligned with these views.

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

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%

Staff told us that translation services were available for patients who did not have English as a first language and extended appointment would be book if an interpreter.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission. The GP regularly reviewed care plans including those patients in residential/nursing home, where they kept staff and relatives up to date with any changes.

Patient and carer support to cope emotionally with care and treatment

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

The practice computer system alerted staff if a patient was also a carer. There were 28 patients registered as carers at the practice. Written information was available for carers to ensure they understood the various avenues of support

Are services caring?

available to them and a dedicated display board was kept up to date in the waiting area. The practice had identified a member of staff to be the carer's champion, who attended training and maintains the carers register.

Staff told us that if families had suffered bereavement, the GP contacted them. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals, this included neighbourhood teams.

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours, from 7am on Wednesday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those requiring and interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to book appointments, order prescriptions, access medical records and send messages to the surgery via the website.
- There were disabled facilities and translation services available.
- A phlebotomy service was available daily and via home visits for house bound patients.
- The practice was proactive in working with other providers to provide services in house such as drug and alcohol clinics, mental health services and dermatology. This enabled patient's access to services locally which they would otherwise have to travel.

Access to the service

GP appointments were available Monday to Friday 8:30am to 10:30am and 4:00pm – 5:30pm. Closed Wednesday afternoon. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the day.

The practice regularly monitored the demand on the service and the number of appointments available.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 81% describe their overall experience of this surgery as good compared to the CCG average of 81% and national average of 85%.

Listening and learning from concerns and complaints

The practice had a 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 Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written and verbal complaints. We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the compliant.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice carried out an annual review of complaints to identify any patterns or trends and these were shared during team meetings.

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. This was clear within their aims: 'The aim of Mossley Medical Practice is to offer the best healthcare to our patients. We offer all core services as well as some enhanced services.'

The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice had processes in place to manage current performance in light of changes within the clinical team over the previous two years and succession plans were in place to maintain clinical cover when the GP retires.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs. The GP was the clinical vice chair of the local CCG board with responsibility for integration, mental health, learning disabilities and dementia and children and families including safeguarding for children and adults.

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 in place with clinical and non clinical audits in place.
- A programme of internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice was engaged with the local CCG quality improvement scheme.

Leadership, openness and transparency

The GP and manager within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The management team was visible, the practice manager had an open door policy and alongside the GP they were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The practice encouraged a culture of openness and honesty.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by management. The practice had clinicians within the practice with a range of clinical and management expertise. Clinicians with lead areas were clearly visible within the practice and staff knew who lead in different areas.

- Staff told us that the practice held regular team meetings. With practice meetings, clinical meetings held monthly. The GP and nursing staff met informally on a regular basis where they discussed clinical issues. Vulnerable patients or high risk patients were also discussed to ensure patients' needs were met.
- Gold standard framework meetings were held every 6 to 8 weeks with health visitors, district nurses and Macmillan nurses. All meetings were minuted.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP. All staff were involved in

Are services well-led?

Good 

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

discussions about how to run and develop the practice, and the GP and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and complaints received.

There were active PPG members who engaged with the practice through regular face to face meetings and email. We spoke with one members of the PPG who told us they felt involved and their ideas were listened to and acted up by the practice. They were looking with the practice at ways to increase the number of patients involved in the PPG.

The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.