

Heaton Mersey Medical Practice

Quality Report

460 Didsbury Road,
Heaton Mersey
Stockport
SK4 3BT
Tel: 01614269400
Website: www.heatonmerseymedicalpractice.co.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Heaton Mersey Medical Practice on 5 December. Overall the practice is rated as good.

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

- The practice was clean and had good facilities including disabled access, translation services and a hearing loop. However, there was no car park for patients.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- The practice 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).
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- 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. The practice sought patient views about improvements that could be made to the service; including having a virtual patient participation group (PPG) and acted, where possible, on feedback.
- Staff worked well together as a team and all felt valued and supported to carry out their roles.

There were elements of outstanding practice:-

- The practice had developed a new patient questionnaire to take into account the needs of asylum seekers to screen for any communicable diseases, vaccination status and any safeguarding issues.
- The practice liaised with Age UK to send out questionnaires to patients to identify any additional support required.
- Staff had access to a freedom to speak up guardian if they had any concerns about the practice.

However, the practice should:

- Update the Health and Safety poster for staff to include contacts for local health and safety representatives.

Summary of findings

- Monitor the contents of the first aid kit for expiry dates and remove any outdated items.
- Extend the documentation of audits to show standards and actions taken to demonstrate quality improvement.

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. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Staff worked with other health care teams. Staff received training suitable for their role.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. 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.

Good



Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients and had an active virtual PPG. Staff had received inductions and attended staff meetings and events.

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 providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice carried out regular ward rounds for one care home and also saw patients in other care homes. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s. The practice liaised with Age UK to send out questionnaires to identify any additional support required.

Good



People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. 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. There were educational appointments provided for newly diagnosed diabetics. The Advanced Nurse Practitioner carried out tests and treatments for diabetic patients that would normally have to be done at hospital. The practice had a nebuliser service whereby nebulisers were available for home loan for patients for the acute management of respiratory conditions.

For those patients with the most complex needs, the 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 providing services for families, children and young people. The practice regularly liaised with health visitors and school nurses to review vulnerable children and new mothers. 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.

Good



Working age people (including those recently retired and students)

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these

Good



Summary of findings

were accessible. There were online systems available to allow patients to make appointments. The practice offered extended hours with pre-bookable early morning and evening appointments available. The practice was also open one Saturday a month.

People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. There were visiting counsellors.

The practice had developed a new patient questionnaire to take into account the needs of asylum seekers to screen for any communicable diseases, vaccination status and any safeguarding issues.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Patients with dementia were reviewed every six months.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 (from 107 responses which is approximately equivalent to 1% of the patient list) showed the practice was performing better than local and national averages in certain aspects of service delivery. For example,

- 82% of respondents described their experience of making an appointment as good (CCG average 78%, national average 73%)
- 91% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 79% of patients got to see or speak to their preferred GP (CCG average 58%, national average 59%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).

In terms of overall experience, results were better than local and national averages. For example,

- 94% described the overall experience of their GP surgery as good (CCG average 89%, national average 85%).

- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards, all of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who were more vulnerable were supported in their treatment. However, there were three comments regarding different aspects of the service, one about mistakes being made for repeat prescriptions, one querying whether there was the right balance of male/female/ethnic GPs to meet patients' diverse needs and one not aware of Saturday morning clinics.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results for September to November 2016 from 23 responses showed that 22 patients were either extremely likely or likely to recommend the practice and one response said unlikely.

Heaton Mersey Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Heaton Mersey Medical Practice

Heaton Mersey Medical Practice is located near Stockport. There were 7980 patients on the practice register at the time of our inspection. The practice population was racially and culturally diverse. For example, 15% of patients were Asian.

The practice is managed by five GP partners (two male, three female). There is an advanced nurse practitioner, two practice nurses and an assistant practitioner. The practice had recently recruited a pharmacist and offered training to paramedics and student nurses. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice telephone is available between 8.30am to 6.30pm every weekday with the exception of Friday when it closes at 6pm. The practice offers pre-bookable appointments from 7.30am on Tuesday and Thursday and also has later appointments on Mondays and Tuesday evenings to 7.30pm. The practice is also open on a Saturday morning once a month. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service (Mastercall) by calling 111.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of NHS Stockport Clinical Commissioning Group.

Why we carried out this inspection

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

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

How we carried out this inspection

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?

Detailed findings

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)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 5 December 2016.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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 and incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events. Significant events were discussed at staff meetings.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Staff were aware of recent safety alerts.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice regularly liaised with health visitors and school nurses to review vulnerable children and new mothers.
- A notice in the waiting room advised patients that chaperones were available if required and we were advised that notices were also displayed in all consultation rooms. 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 was clean and tidy. Monitoring systems and cleaning schedules were in place. The advanced nurse practitioner was the infection control clinical lead. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken and action plans were in place to address any shortfalls. Results of infection control audits were

displayed in the patient waiting area. The practice carried out a monthly handwashing audit. There were spillage kits and appropriate clinical waste disposal arrangements in place.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Emergency medication was checked for expiry dates. Blank prescription pads were securely stored and there were systems in place to monitor prescriptions for printers but not for prescription pads for home visits. We discussed this with the practice who assured us this would be addressed. There were patient group directives (PGDs) which are the legal authorisation documentation for nursing staff to administer vaccines. However, one of the documents had not been signed for authorisation. This was rectified on the day of inspection.
- The practice had a recruitment policy whereby all staff had to have a DBS check and all interviewees were interviewed by a minimum of two members of staff. The professional registration status of clinical staff was monitored. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified in house staff as contacts but not the local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire safety equipment tests and fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction.

Are services safe?

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had recently had a fixed electrical wiring test and some remedial work was scheduled for January 2017.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (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 that enough staff were on duty. The GPs had a buddy system to ensure continuity of care for patients.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available.
- The practice had use of a defibrillator and two cylinders of oxygen. We were shown the equipment was regularly checked. There were first aid kits and an accident book available. However, there was no monitoring system to check expiry dates for the contents of the first aid kit and one item needed replacing.
- 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 peoples' needs. Any updates in NICE guidance were discussed at clinical meetings.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had developed a new patient questionnaire to take into account the needs of asylum seekers to screen for any communicable diseases, vaccination status and any safeguarding issues.

The practice liaised with Age UK to send out questionnaires to identify any additional support required.

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had good systems in place to ensure they met targets and results from 2015-2016 were 100% of the total number of points available with lower than local and national exception reporting.

Performance for diabetes related indicators was comparable with local and national averages for example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading

(measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 87% compared with a local average of 80% and national average of 78%.

The Advanced Nurse Practitioner carried out tests and treatments for diabetic patients that would normally have to be done at hospital.

The practice had a schedule of audits. However these were mainly data searches. We discussed with the practice improvements that could be made with regards to the documenting of audits in order to demonstrate quality improvement.

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. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The practice manager had a training matrix which highlighted any overdue training. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire safety awareness, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning. All staff received annual appraisals.
- The practice had recently recruited a pharmacist and offered training to paramedics and student nurses.

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.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had safety netting systems in place to monitor patients who had been referred under the two week rule for urgent cases.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place twice a month and that care plans were routinely reviewed and updated. The practice had visiting counselling services.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. The practice was in the process of ensuring all staff received training for the Mental Capacity Act and reviewing how they monitored patients with deprivation of liberty safeguards (DoLS) in place. The GPs were aware of the relevant guidance when providing care and treatment for children and young people. Consent forms were used for minor surgery.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service or seen in house.

The practice had a Cancer Champion and was working with Bowel Cancer Screening to improve non-attender rates. This was a pilot for the Stockport area and the practice was one of three practices involved.

The practice carried out vaccinations and cancer screening and performance rates were comparable with local and/or national averages for example, results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 81% compared to a national average of 82%.

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.

Results from the national GP patient survey published in July 2016 (from 107 responses which is approximately equivalent to 1% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 91%, national average 87%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable or above local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)

Staff told us that telephone translation services were available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of carers on its list. Carers were offered seasonal flu vaccinations and appointments could be scheduled according to their needs.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a longer appointment to meet the family's needs or signposted those to local counselling services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability, at a time convenient for the patient, or when interpreters were required.
- Home visits were available for elderly patients, housebound and those too unwell to attend the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was hearing loop available and easy read formatted information.
- The practice had a nebuliser service whereby nebulisers were available for home loan for patients for the acute management of respiratory conditions.
- Minor surgery and joint injections
- Sexual Health screening and contraceptive services
- Baby clinics
- Chronic disease management
- New diagnosis diabetes education sessions
- The Advanced Nurse Practitioner carried out tests and treatments for diabetic patients that would normally have to be done at hospital.
- ECG

Some services had continued even though not funded for example,

- 24 hour blood pressure monitoring.
- Ear syringing

Access to the service

The practice telephone is available between 8.30am to 6.30pm every weekday with the exception of Friday when it closes at 6pm. The practice offers pre-bookable appointments from 7.30am on Tuesday and Thursday and also has late appointments on Mondays and Tuesday to 7.30pm. The practice is also open on a Saturday morning once a month. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service (Mastercall) by calling 111.

On the day urgent appointment requests were triaged by the nurse practitioner to allocate the appropriate

appointment (apart from a Wednesday when the demand was less). Unwell children who had been triaged or seen by their GP were offered the option of a follow up appointment later in the day. Pre bookable appointments could be up to 12 weeks in advance.

Results from the national GP patient survey published in July 2016 (from 107 responses which is approximately equivalent to 1% of the patient list) showed that patient's satisfaction with how they could access care and treatment were better than local and national averages. For example:

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 91% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 89%, national average 85%).
- 91% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 77% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).
- 82% of respondents described their experience of making an appointment as good (CCG average 78%, national average 73%).
- 79% of patients got to see or speak to their preferred GP (CCG average 58%, national average 59%).

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk and on the practice website. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

Are services responsive to people's needs? (for example, to feedback?)

The practice discussed complaints at staff meetings. We reviewed a log of previous complaints and found both written and verbal complaints were recorded. We reviewed one complaint and found written responses included apologies to the patient and an explanation of events.

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 described their purpose as to provide their patients with high quality personal health care, continually seeking improvement in the health status of the practice population overall.

The practice had business and clinical governance action plans that covered safety aspects, governance systems, patient focus, access and responsive care, audit work and service development.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- Practice specific policies that all staff could access on the computer system. Non-clinical policies were reviewed annually or after any significant event or complaint.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: monthly clinical meetings, weekly nurses meetings and whole staff meetings every month. Other meetings included: palliative care meetings with other healthcare professionals and safeguarding meetings with the health visitor and school nurse.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice

manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this. Staff also had access to a freedom to speak up guardian if they had any concerns about the practice.

The practice 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). 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.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service when possible.

- There was an established virtual PPG and the practice had acted on feedback. For example, changes to the telephone system had been made as a result of their feedback.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice team took an active role in locality meetings. Clinicians kept up to date by attending various courses and events. The practice participated in the Stockport CCG GP Development Scheme to tailor the service to patients. The practice was working towards being a training practice.