Walmsley - Crompton Health Centre

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Walmsley – Crompton Health Centre on 8 July 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events, but this was not always followed.
- Risks to patients were not always assessed and well managed. This included checks relating to the employment of staff.
- 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. However the practice did not follow the policy they had in place regarding recording verbal complaints.
- 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.

The areas where the provider must make improvement are:

- The provider must ensure they have robust recruitment procedures in place and and keep retain all the required information.

Summary of findings

- The provider must ensure all chaperones are trained and have had a Disclosure and Barring Service (DBS) check carried out.
- The provider must assess and monitor risks relating to the health, safety and welfare of patients. This includes carrying out infection control audits, making sure all medical supplies are in date, and re-evaluating the business continuity plan to ensure it is specific to the practice.
- The provider must ensure staff have been trained and have a good understanding of safeguarding children.
- The practice must ensure all significant events are recorded with the practice, and that they are investigated to ensure they are not repeated and staff learn from previous events.

The area where the provider should make improvements is:

- The provider should record verbal complaints in line with guidance in their complaints policy. Reg 16 check
- Records of all training, including awareness training provided to staff by partners, should be kept.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not always appropriately carried out and lessons learned were not communicated widely enough to support improvement. A record of significant events was not always kept by the practice.
- On occasions chaperones were used who had not been trained and did not have a Disclosure and Barring Service (DBS) check.
- The majority of staff had not received training in safeguarding children.
- The practice had not carried out any infection control audits.
- Some medical devices were beyond their expiry dates.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the CCG and national average.
- 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 most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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 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.
- Information about how to complain was available and easy to understand. The practice policy stated verbal complaints would be recorded but the practice told us this had not happened.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. However, although the practice had a number of policies and procedures to govern activity, not all were being followed. This included the complaints' policy
- There were arrangements for identifying, recording and managing some risks, but they were not always monitored or managed.
- Regular governance meetings were held.
- 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 but these were not always effective.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for the safe and well-led domains. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over the age of 75 were invited for an annual health check.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for the safe and well-led domains. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 100%. This was better than the CCG average of 88.7% and the national average of 89.2%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as

Summary of findings

requires improvement for the safe and well-led domains. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Most staff had not received training in safeguarding children.
- Staff 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.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 80.44%, which was comparable to the CCG average of 82.12% and the national average of 81.83%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for the safe and well-led domains. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Late night appointments were available on one day a week and weekend appointments were available in the area.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for the safe and well-led domains. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Summary of findings

- 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 had received training. 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)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for the safe and well-led domains. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Performance for mental health related indicators 100%. This was better than the CCG average of 93.9% and the national average of 92.8%.
- 88.37% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 86.14% and the national average of 84.01%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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 performing in line with local and national averages. 290 survey forms were distributed and 112 were returned. This was a 39% completion rate representing 2.24% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and the national average of 73%.
- 94% 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 84% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 87% 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 79% 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 30 comment cards which were all contained positive comments about the standard of care received. Patients commented they felt listened to and were treated respectfully. They said they could access appointments when needed and they felt they received professional care.

We spoke with a member of the patient participation group during the inspection. They said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure they have robust recruitment procedures in place and retain all the required information.
- The provider must ensure all chaperones are trained and have had a Disclosure and Barring Service (DBS) check carried out.
- The provider must assess and monitor risks relating to the health, safety and welfare of patients. This includes carrying out infection control audits, making sure all medical supplies are in date, and re-evaluating the business continuity plan to ensure it is specific to the practice.
- The provider must ensure staff have been trained and have a good understanding of safeguarding children.
- The practice must ensure all significant events are recorded with the practice, and that they are investigated to ensure they are not repeated and staff learn from previous events.

Action the service SHOULD take to improve

- The provider should record verbal complaints in line with guidance in their complaints policy.
- Records of all training, including awareness training provided to staff by partners, should be kept.

Walmsley - Crompton Health Centre

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 Walmsley - Crompton Health Centre

Walmsley – Crompton Health Centre is also known as Crompton View Surgery. It is located in purpose built premises on a main road approximately 2.5 miles from Bolton town centre. The practice moved to the building, which is owned by a private landlord, in December 2007.

The practice is situated on the ground and first floor of the building. Patient areas are on the first floor only, and there is a passenger lift available. All consultation rooms are fully accessible. There is a large car park at the rear of the building.

There are three GP partners (two male and one female) and two GP registrars (trainee GPs, both female). There are also three practice nurses and a phlebotomist. There is a practice manager and reception and administrative staff.

The practice is open between 8am and 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays. On Thursdays the practice is open between 8am and 8pm. There is some flexibility with surgery times, but normal surgery times are 8.30am until 11.30pm every morning, then 3pm until 6pm Mondays, Tuesdays, Wednesdays and Fridays and 3pm until 7.45pm on Thursdays. Weekend appointments are available via the Bolton GP Federation Hub. This meant patients could access pre-bookable appointments at a nearby practice where GPs would have access to their electronic patient records.

At the time of our inspection there were 5005 patients registered with the practice. The practice is overseen by NHS Bolton Clinical Commissioning Group (CCG). The practice delivers commissioned services under a General Medical Services (GMS) contract. The proportion of patients registered in the 65 to 69 age group is slightly higher than the national average. People in the area have average life expectancy and they live in the third most deprived decile. There is a higher than average number of patients with a long standing health condition.

There is an out of hours service available provided by a registered provider, Bury and District Doctors on Call (BARDOC), reached via NHS 111.

The practice was inspected in September 2013 under the old inspection regime. No ratings were used at that time.

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.

Detailed findings

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 8 July 2016. During our visit we:

- Spoke with a range of staff, including GPs, a practice nurse, the practice manager, a phlebotomist and reception staff.
- Spoke with a member of the patient participation group.
- Observed how patients were being dealt with by reception staff.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed policies, procedures and other documents held by 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events but the system did not support analysis and learning from all events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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 found that the practice did not keep a record of all significant events at the practice. The practice manager told us that due to a change in the contract with the CCG a year ago GPs had been completing significant event forms and sending them to the CCG. However, they had not always kept a copy at the practice so they could not be sure all significant events had been discussed, analysed, and learning had taken place.
- Where the practice had a record of significant events they carried out an investigation and discussed them at meetings to share learning. However, not all significant events were recorded at the practice.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example:

- Adequate arrangements were not in place to safeguard children and vulnerable adults from abuse. Although there was a policy this did not give sufficient guidance for staff. There was a GP safeguarding lead but not all staff were aware of who this was. The GPs had received training in safeguarding children to level 3, but most other staff had not been trained in safeguarding children. The practice manager told us GPs planned to give training to staff during a practice meeting in the near future. Safeguarding adults training had taken place recently for the majority of staff.
- A notice in the waiting room advised patients that chaperones were available if required. The practice manager told us that only practice nurses and the practice manager acted as chaperones as other staff had not been trained. However, we spoke to a member of the reception team and they told us they acted as chaperone at times, and they had not received training. Not all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received training in hand washing and handling samples. The practice had devised a checklist for ensuring all aspects of the prevention and control of infection were assessed. However, they had not yet started to complete this and no infection control audits had been carried out by the practice.
- 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 several personnel files and found the recruitments procedures and information held about staff were variable. The practice manager told us that most staff had worked at the practice for many years so they had destroyed their information. Evidence of identity was not held for all staff, and a full work history was also not held for recently recruited staff, including nurses, and the long term locum GP. The practice had sent off for a DBS check for a practice nurse that started work three weeks prior to the inspection but it had not been returned.

Monitoring risks to patients

Requires improvement

Are services safe?

Risks to patients were not always assessed and well managed. However:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy. The practice had up to date fire risk assessments and the building landlord carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 emergency buzzer in each consulting room 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. However, we found two syringes that were beyond their expiry date and several oropharyngeal airways (medical devices used to open or maintain a patient's airway) that had expired over five years previously. The practice manager and a partner explained that they had recognised these were out of date but made the decision not to replace them due to the expense involved and the fact that they had never been used before. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Not all information in the plan was specific to the practice. For example, the plan stated an emergency box, containing a torch, blank prescriptions, fit notes and a copy of the business continuity plan was kept at the reception desk. The practice manager told us they did not have an emergency box. They said the Primary Care Trust (PCT), that ceased to exist in April 2013, had written the plan and they had adapted it to their practice. The plan included emergency contact numbers for staff.

Good

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.
- The practice monitored that these guidelines were followed by discussing them at meetings.

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 recently published results were 99.4% of the total number of points available. The exception rate was 5.3%, which was below the clinical commissioning group (CCG) average of 7.8% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 100%. This was better than the CCG average of 88.7% and the national average of 89.2%.
- Performance for mental health related indicators was 100%. This was better than the CCG average of 93.9% and the national average of 92.8%.
- Performance for cancer related indicators was 100%. This was better than the CCG average of 98.5% and the national average of 97.9%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, with some of these being 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, recent action had been taken to ensure all prescriptions were ordered with the patient's consent.

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 basic information about the practice and information about health and safety.
- The practice manager kept a record of all training carried out by staff. Where they had identified some training had not been completed they had made arrangements for staff to carry this out. This included training in safeguarding children.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Most staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding adults, fire safety awareness, basic life support and information governance. A GP gave safety awareness training to staff but the practice manager told us this was not always recorded.

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.

Good

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.

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 monthly 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. Some staff had attended Mental Capacity Act training arranged by the CCG.
  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. For example:

- 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. Patients were signposted to the relevant service.
- Drug and alcohol workers attended the practice monthly to see patients. Physiotherapy and smoking cessation was also available from providers within the same building.
- The practice's uptake for the cervical screening programme was 80.44%, which was comparable to the CCG average of 82.12% and the national average of 81.83%. Practice nurses told us that although they did not telephone patients to encourage them to attend for a cervical screening test the computer system alerted them if one was overdue so they could encourage patients to book an appointment while they were there.

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 86.7% to 100% and five year olds from 91.5% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and 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. Health checks for the over 75s were also carried out and there was a good response rate.

Good

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 30 patient Care Quality Commission comment cards we received contained positive comments 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 89% 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 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 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. 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% 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.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers (2.04% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Annual health checks were offered to identified carers.

Staff told us that if families had suffered bereavement, their usual GP contacted. The practice had discussed sending sympathy cards to recently bereaved patients but decided the GPs knew their patients and would treat them individually by making a telephone call or home visit to them as appropriate.

Although counselling was not provided at the practice GPs could refer patients to counselling services, including bereavement counselling, in the area.

Good

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.

- 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.
- There were disabled facilities, a hearing loop and translation services available.

We received feedback from a partner in another practice in the building. They told us that this practice was extremely helpful and supportive on an occasion when their staff were unavailable, and this meant their practice could be kept open for patients. They had an informal agreement to provide this cover for each other when it is needed.

Access to the service

The practice was open between 8am and 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays. On Thursdays the practice was open between 8am and 8pm. There was some flexibility with surgery times, but normal surgery times were 8.30am until 11.30pm every morning, then 3pm until 6pm Mondays, Tuesdays, Wednesdays and Fridays and 3pm until 7.45pm on Thursdays. Weekend appointments were available via the Bolton GP Federation Hub. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent on the day appointments were also available for people that needed them. There were also 'soon' appointments, for less urgent issues, where patients were seen within 48 hours of the appointment request.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.

People told us on the day of the inspection 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.

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 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. This was clearly displayed in the waiting area.

The practice manager told us they had received no complaints in the previous year. The practice complaints policy, reviewed in May 2016, stated that a written record should be made of verbal complaints. The practice manager told usthis had not happened, but there was no evidence of any verbal complaints being made during the past year.

Are services well-led?

Requires improvement

(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. There were supporting business plans. The practice did not have a mission statement.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined some of the structures and procedures in place. We saw 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. However, these were not always being followed. For example, the complaints' policy stated verbal complaints should be recorded but the practice manager told us this was not happening.
- 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 arrangements for identifying, recording and managing some risks. However we saw the practice had made a decision to keep out of date medical supplies due to the cost of replacing items that had not been previously used.

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. However, it had been found that records for some significant events were not kept at the practice. They were also not recording verbal complaints so satisfaction was not adequately monitored.

There was a 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.

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, discussed the results of national surveys, and submitted proposals for improvements to the practice management team. For example, the PPG had suggested text reminders for appointments which had been put in place.
- The practice had also started offering the NHS Friends and Family Test electronically. Patients received a text reminder two days after an appointment asking them to complete the Friends and Family Test.

Continuous improvement

Are services well-led?

Requires improvement

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

The practice was a training practice and there were two full time GP trainees. The training programme was monitored by the NHS.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way. The registered provider did not ensure all chaperones had been trained or had a Disclosure and Barring Service (DBS) check carried out. Staff had not been trained in safeguarding children. Significant events were recognised but records were not always kept so they could not be correctly actioned and monitored. Medical supplies past their expiry date were kept in the emergency box. This was a breach of regulation 12 (a) (b) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Infection control audits were not carried out. Policies were in place but not always being followed. For example, verbal complaints were not recorded, and untrained administrative staff were sometimes used to perform chaperone duties. This was in breach of regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not ensure all staff employed by the practice were of good character. Not all the required information as detailed in Schedule 3 of the Act was available for staff, including recently recruited staff This included. This included evidence of identity, a full employment history and an explanation of gaps in employment. A Disclosure and Barring Service (DBS) check had not been returned for a clinical staff member.

This was in breach of regulation 19 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.