

Stonehill Medical 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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stonehill Medical Centre on 9 September 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a 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.
- Consulting rooms were not kept locked and so patients had access to inappropriate items such as medicines and clinical samples from patients.

We saw areas of outstanding practice:

Summary of findings

- The practice held a clinical meeting at 8.30am each day and the community nurse also attended this. Specific patient issues such as patients receiving end of life care were discussed to ensure all relevant staff had up to date information. This meant clinicians in the multi-disciplinary team could discuss the best treatment for patients on an ongoing basis. Referrals were also discussed as a team to ensure they were appropriate and the relevant information was recorded in the referral letter. This was used as a form of ongoing quality assurance.

- The practice had devised a Female Genital Mutilation (FGM) protocol. Where patients from certain named countries presented staff were prompted to ask discrete questions to identify any risks.

The area where the provider must make improvement is:

- The practice must ensure they assess, monitor, manage and mitigate risks to the health and safety of service users. Specifically they must ensure medicines, patient samples and other unsafe items are not kept in unoccupied unlocked rooms.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed. However, unoccupied rooms were kept unlocked so medicines and other items were not kept securely.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the 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, including 360 degree feedback, and personal development plans for all staff. 360 degree feedback is a system or process in which staff receive confidential, anonymous feedback from the people who work around them.
- Staff worked with other health care professionals 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.

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

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- Carers were identified and given support, including an annual health check.
- The practice worked with other services to integrate care for vulnerable patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. However, feedback from patients during the inspection was positive.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Extended opening hours were available at the main surgery, and patients could make appointments at the branch surgery if this was more convenient.
- 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.
- The practice held an annual Flu Saturday and Chronic Obstructive Pulmonary Disease (COPD) open day as a way to provide the service and engage patients who did not attend for other routine check-ups.
- Patients on the day 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. However, the national GP patient survey results were below average.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

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

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Clinical staff were practice champions for named long term conditions.
- 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.
- Quality and Outcomes Framework (QOF) performance for diabetes related indicators was 90%. This was better than the CCG and national average of 89%.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively 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.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 82%. The practice took action when their uptake reduced to 80%. They carried out a telephone campaign to encourage patients to attend.
- 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.
- There was a system place to identify patients at risk of female genital mutilation (FGM).

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 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 homeless people, travellers and those with a learning disability. Homeless patients could use the practice as a postal address.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out 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 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 most recent national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. 286 survey forms were distributed and 102 were returned. This was a 36% completion rate representing less than 1% of the practice's patient list.

- 48% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 81% 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%.
- 81% 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%.

- 77% 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 14 comment cards which were all positive about the standard of care received. Patients commented the GPs and staff were friendly and helpful, adequate time was given for appointments and the practice was spacious and clean.

We spoke with seven patients during the inspection, and also two members of the patient participation group (PPG). The majority of patients told us they were easily able to access appointment routinely and in an emergency. They said GPs were thorough and they did not feel rushed, and staff were friendly.

Areas for improvement

Action the service **MUST** take to improve

- The practice must ensure they assess, monitor, manage and mitigate risks to the health and safety of service users. Specifically they must ensure medicines, patient samples and other unsafe items are not kept in unoccupied unlocked rooms.

Outstanding practice

- The practice held a clinical meeting at 8.30am each day and the community nurse also attended this. Specific patient issues such as patients receiving end of life care were discussed to ensure all relevant staff had up to date information. This meant clinicians in the multi-disciplinary team could discuss the best treatment for patients on an on-going basis. Referrals

were also discussed as a team to ensure they were appropriate and the relevant information was recorded in the referral letter. This was used as a form of on-going quality assurance.

- The practice had devised a Female Genital Mutilation (FGM) protocol. Where patients from certain named countries presented staff were prompted to ask discrete questions to identify any risks.

Stonehill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Stonehill Medical Centre

Stonehill Medical Centre is located in the Farnworth area of Bolton. Consulting rooms are all accessible to patients with a disability and there is a car park with space for disabled parking. There is also a branch surgery (under the same registration as Stonehill Medical Centre), Highfield Surgery, also in Farnworth. This is also accessible and there is street parking outside. Patients are able to make appointments at the surgery of their choice.

At the time of our inspection there were 13,695 patients registered with the practice. The practice is a member of NHS Bolton Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice is in a deprived area, in the second most deprived decile. There is a lower than average life expectancy. The life expectancy for males is 75 years (CCG average 77 years and national average 79 years) and the female life expectancy is 79 years (CCG average 81 years and national average 83 years). The practice age and gender profile is similar to the national averages, as are the proportion of patients registered who have a long standing health problem.

There are six GP partners, two male and four female. There are four salaried GPs, one male and three female. There is also a nursing team made up of nurse practitioners, practice nurses, assistant practitioners and a healthcare assistant. There is a practice manager and a team of administrative and reception staff.

Stonehill Medical Centre is open:

Monday 8am - 8.15pm

Tuesday 8am – 8pm

Wednesday 7am – 6.30pm

Thursday 8am – 6.30pm

Friday 8am – 6.30pm

Appointments are available at various times while the practice was open.

Highfield Surgery is open from 9am until 12 noon and 2pm until 5pm on Mondays, Tuesdays, Thursdays and Fridays. It is open from 9am until 12 noon on Wednesdays.

Weekend appointments were available at two hubs within the GP Federation area.

The practice is a teaching and training practice for medical students and GP registrars.

There is an out of hours service available provided by BARDOC via NHS 111.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 September 2016. The majority of our time was spent at Stonehill Medical Centre but we also visited the branch surgery, Highfield Surgery. During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager and reception and administrative staff.
- Spoke with patients and members of the patient participation group (PPG).
- Observed how patients were spoken to at the reception desk.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed policies and 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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- All significant events were discussed at the monthly practice meetings.
- Staff were given guidance about significant event recording during their induction training.
- The practice carried out a thorough analysis of the significant events.

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

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- The practice carried out monthly Deprivation of Liberty Safeguards (DoLS) audits to ensure all appropriate action had been taken. They had also devised a Female Genital Mutilation (FGM) protocol. Where patients from certain named countries presented staff were prompted to ask discrete questions to identify any risks
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The infection control clinical lead liaised with the local infection prevention teams to keep up to date with best practice. 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 medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). It was usual practice for consultation rooms to be kept unlocked. We entered an unlocked unoccupied consultation room containing a medicine fridge. The fridge was locked but the key was in it. Vaccinations were kept in the fridge that were accessible to anyone entering the room. The room was unattended for several minutes. Following the inspection the practice informed us they were looking into having keypad locks on consultation room doors.
- One unlocked unoccupied consultation room contained clinical samples obtained from patients. These samples also contained patient details. The sharps bin was attached to the wall but was filled up to the maximum

Are services safe?

recommend level and it had been left open. These were accessible to anyone entering the room. Another unlocked room contained needles stored on open shelving.

- 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.
- The practice had developed a prescribing formulary that had been uploaded onto their computer system. This ensured clinicians had a consistent, safe approach to their prescribing.
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. They contained evidence of identity, a full work history, references and a DBS check. Checks on the professional registration and medical indemnity insurance of clinicians were also held.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills at both surgeries. 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 a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control 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 enough staff were on duty. There was also a holiday policy.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. There was no signage on the outside of the rooms oxygen was stored in to alert people to the possible hazard.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. All staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. New guidelines were disseminated by the practice manager.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw evidence they were discussed in practice 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 recent published results were 98% of the total number of points available.

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

- Performance for diabetes related indicators was 90%. This was better than the CCG and national averages of 89%.
 - Performance for mental health related indicators was 100%. This was better than the CCG average of 94% and the national average of 93%.
- There was evidence of quality improvement including clinical audit.
- There had been several clinical audits completed in the last two years, some of which were 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.

Clinical staff were practice champions for conditions such as atrial fibrillation, mental health, stroke patients and carers. They were able to take the lead in the conditions and provide additional guidance to staff when needed.

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, including locum and trainee GPs. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Appraisals for all staff included 360 degree feedback from the practice team. 360 degree feedback is a system or process in which staff receive confidential, anonymous feedback from the people who work around them. Staff told us this was used in a supportive way.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. There was protected learning time.

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.
- 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. The practice had a clinical meeting each morning, and community nurses also attended these meetings. 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. However, urgent cases were always discussed during the daily meetings.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. There was a consent policy in place to provide full guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw examples of staff considering the best interests of patients when they did not have the capacity to consent.
- 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 cessation. Patients were signposted to the relevant service.
- The practice had clinics for long term conditions such as asthma and diabetes. They had a smoking cessation service and offered dietary advice. Clinics for drug and alcohol misuse had moved to the Bolton Drug and Alcohol Service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 82%. The practice took action when their uptake reduced to 80%. They carried out a telephone campaign to encourage patients to attend and the results of this were being analysed. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 97% and five year olds from 81% to 97%.

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, where 72% of eligible patients had attended for a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Health checks for patients over the age of 75 were also carried out.

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

We spoke with two members 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% 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%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% 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%.

- 78% 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%.
- 77% 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%.
- 86% 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 how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 84% 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%.
- 77% 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%.
- 75% 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. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- The practice proactively helped vulnerable patients by arranging for them to meet staff from a support team at the surgery. This provided patients with a safe place to meet support workers.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 300 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support

available to them. The practice held a Carer's Day every three months to give advice and information to carers, and also to identify new carers. Carers were also offered an annual health check.

If families suffered bereavement there was a system in place so the last GP to see the patient contacted the family. Support was offered and there was an in-house counselling service. We saw feedback from a patient praising the care and support they received following bereavement.

Counsellors were based at the practice and we saw they were well utilised. GPs explained that they made a lot of referrals to the counsellors when patients showed symptoms of stress or mild depression as a way to reduce more serious issues.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice was open late two evenings a week and early one morning a week which was useful for working patients who could not attend during normal opening hours.
- 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.
- The practice held an annual Flu Saturday where patients drop in for flu (including childhood flu) vaccinations. In addition they provided shingles and pneumonia vaccinations where appropriate and took blood tests and blood pressure tests when needed. The event was well attended and was used as a way of catching up on routine checks for patients who were more difficult to engage.
- The practice held a Chronic Obstructive Pulmonary Disease (COPD) education day in October where the CCG COPD lead also attended. This was popular with patients and was used to start the engagement process which was necessary due to the high prevalence of COPD in the area.
- The practice arranged for the domestic violence team to meet at the practice as a way to integrate services for vulnerable patients.
- There was a clinical meeting at 8.30am every day. Practice and community nurses usually also attended this. As well as ensuring all relevant people were

updated on issues such as patients receiving end of life care, the appropriateness of referrals was discussed and referral letters were checked to make sure they contained all the relevant information.

- The practice allowed homeless patients to use the practice address so they were able to have post delivered for them to collect.

Access to the service

Stonehill Medical Centre was open:

Monday 8am - 8.15pm

Tuesday 8am – 8pm

Wednesday 7am – 6.30pm

Thursday 8am – 6.30pm

Friday 8am – 6.30pm

Appointments were available at various times while the practice was open.

The branch surgery, Highfield Surgery was open from 9am until 12 noon and 2pm until 5pm on Mondays, Tuesdays, Thursdays and Fridays. It was open from 9am until 12 noon on Wednesdays.

Weekend appointments were available at two hubs in the local area.

Pre-bookable appointments were released 14, 28 and 56 days in advance. On the day appointments were also available. We saw that emergency and routine appointments were available on the day of the inspection. There were usually two duty GPs for each session and access audits completed by the practice manager showed this helped with achieving satisfaction with access. Telephone triage took place when necessary. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 48% 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%.

The practice had implemented a new telephone system in January 2016 and their monitoring showed an improvement in being able to get through to the practice on the telephone. They anticipated that there would be an improvement in satisfaction when the next results were published in January 2017. The patients we spoke with did not have concerns.

People told us on the day of the inspection that they were able to get appointments when they needed them. Comments cards also showed patient satisfaction with accessing appointments.

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. The duty doctors assessed the need and made an

appointment if required. Duty doctors were also able to meet the needs of patients requesting a home visit. 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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way, and openness and transparency was demonstrated when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Clinical staff were practice champions for conditions such as atrial fibrillation, mental health, stroke patients and carers. They were able to take the lead in the conditions and provide additional guidance to staff when needed.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings. In-between these meetings, emails were sent to update staff and a newsletter was also issued. Meeting minutes were always distributed to staff.
- 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 were well supported at work both formally through the appraisal process and informally through the open door policy of all GPs and managers.
- During the appraisal process 360° feedback was sought from the practice team. We saw examples of this and the process was carried out in a supportive and positive way. Staff told us they felt this was useful.
- 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.
- GPs met daily at 8.30am and the community nurse usually attended this meeting. This meeting was proactive in preventing hospital admissions and also looked at the quality of the service that was being provided.

Are services well-led?

Good 

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

- Succession planning in the practice worked well and we saw an example of a retirement being planned for over 18 months in advance.

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 and discussed proposals for improvements to the practice management team. A practice survey was carried out in October 2015 and was due to be repeated in October 2016. We saw suggestions had been made, for example to the on line appointment booking system, and these had been implemented.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, as they were the closest GP practice to the A&E department they spent time at A&E encouraging patients to attend their GP practice instead where appropriate. The practice had recognised the value of employing nurse practitioners and a fourth nurse practitioner was joining the team in October 2016.

The practice was a teaching practice for medical students at Manchester University. They also trained foundation year doctors and doctors training to be GPs.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Unoccupied consulting rooms were kept unlocked. These rooms contained items such as needles on open shelving and accessible fridges used to store medicines. Clinical samples from patients were also kept in unlocked unoccupied rooms.