

# Bowland Medical Practice

## 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

Bowland Medical Practice was inspected on 16 July 2015. This was a comprehensive inspection. This means we reviewed the provider in relation to the five key questions leading to a rating on each on a four point rating scale. We rated the practice as good in respect of being effective, caring, responsive and well-led and requiring improvement in relation to being safe.

Our key findings were as follows:

The practice has systems in place for reporting, recording and monitoring significant events. Significant incidents and events are used as an opportunity for learning and improving the safety of patients, staff and other visitors to the practice.

The practice has systems in place to ensure best practice is followed. This is to ensure that people's care, treatment and support achieves good outcomes and is based on the best available evidence.

Information we received from patients reflected that practice staff interacted with them in a positive and empathetic way. They told us that they were treated with respect, always in a polite manner and as an individual.

The practice reviewed the needs of its local population and engaged with NHS England and South Manchester Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had taken action to address the concerns of some patients in respect of accessing timely appointments at the practice.

We saw areas of outstanding practice:

The practice had designed and introduced a template to ensure patients with a learning disability received regular review and effective care and treatment. This has been so successful it has been adapted by other practices within the South Manchester CCG area. At the time of our visit the practice was in the process of developing a similar template for patients with dementia. These

# Summary of findings

developments demonstrated effective care of chronic diseases and vulnerable people. It also evidenced the practice was proactively sharing learning with colleagues outside the practice.

The practice had achieved the 'Pride in practice gold award' to celebrate delivering an excellent service to all patients. Pride in Practice is a quality assurance support service provided by The Lesbian & Gay Foundation to GP practices to support improvements in health outcomes for their lesbian, gay and bisexual (LGB) patients, as well as strengthen their engagement with, and understanding of LGB people.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Take action to ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection. There was no evidence that a risk assessment had been

carried out in respect of the potential risk from legionella contamination. Legionella is a germ found in the environment which can contaminate water systems in buildings.

Improve the system of staff recruitment to ensure that patients are protected by operating effective recruitment and selection procedures that includes ensuring relevant Disclosure and Barring Service (DBS) checks are carried out (and evidenced) when staff are employed or are engaged in a role where such checks are required.

In addition the provider should:

Review and update the complaints procedure to provide complainants with the contact details of the parliamentary and health service ombudsman (PHSO) if they are dissatisfied with the practice's response to their complaint. Also reference to the Healthcare Commission should be removed from the practice information booklet (suggestions/complaints section) as this organisation no longer exists.

**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 as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice team learnt from such incidents and changed their systems and practices accordingly. Not all risks to patients who used services were assessed because systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. In particular the practice must make improvements in respect of staff recruitment records and in the prevention of potential health care infections.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data demonstrated patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet those needs. There was evidence of appraisals and personal development plans for all staff. Staff worked effectively with multidisciplinary teams.

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. Information to help patients understand what services were available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with NHS England and South Manchester Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had taken action to address the concerns of some patients in respect of accessing timely appointments at the practice. Patients said they found it fairly easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was

Good



# Summary of findings

well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held clinical and practice meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Action had been taken to establish and develop a patient participation group to actively engage patients in measuring and enhancing the quality of the services provided at the practice. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Those at risk of hospital admission had a named GP and all had a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the clinical team worked with relevant health and care professionals to deliver a multidisciplinary package of care. Where patients did not attend appointments there was a system in place to establish the reasons why and offer another flexible appointment to encourage patients to attend and discuss any concerns they may have.

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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, mental health professionals and palliative care nurses.

Good



### 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

Good



# Summary of findings

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 a full range of health promotion and screening that reflects the needs for this age group.

## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered this population group longer appointments. Where patients did not attend appointments there was a system in place to establish the reasons why and offer another flexible appointment to encourage patients to attend and discuss any concerns they may have. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients 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**



## **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). Patients experiencing poor mental health were provided with an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

**Good**



# Summary of findings

## What people who use the service say

We received 11 completed CQC comment cards and spoke with 6 patients and a member of the patient participation group (PPG) on the day of inspection. We spoke with people from various age groups and with people who had different health care needs.

Patients we spoke with and who completed CQC comment cards commented positively about the care and treatment they received from the doctors and nurses and the support provided by other members of the practice team. They said that their privacy and dignity was maintained and that they were treated with respect.

We also looked at the results of the July 2015 GP patient survey. This is an independent survey run by Ipsos MORI on behalf of NHS England. The survey results included;

What this practice does best;

93% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care. (Local CCG average: 84%. National average: 81%).

95% of respondents say the last GP they saw or spoke to was good at treating them with care and concern. (Local CCG average: 85%. National average: 85%).

95% of respondents say the last GP they saw or spoke to was good at giving them enough time. (Local CCG average: 87%. National average: 87%).

What this practice could do to improve;

40% of respondents with a preferred GP usually get to see or speak to that GP. (Local CCG average: 58%. National average: 60%).

56% of respondents usually wait 15 minutes or less after their appointment time to be seen. (Local CCG average: 62%. National average: 60%).

67% of respondents are satisfied with the surgery's opening hours. (Local CCG average: 73%. National average: 75%).

397 surveys sent out. 103 surveys back. 26% return rate.

## Areas for improvement

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

Take action to ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection. There was no evidence that a risk assessment had been carried out in respect of the potential risk from legionella contamination. Legionella is a germ found in the environment which can contaminate water systems in buildings.

Improve the system of staff recruitment to ensure that patients are protected by operating effective recruitment

and selection procedures that includes ensuring relevant Disclosure and Barring Service (DBS) checks are carried out (and evidenced) when staff are employed or are engaged in a role where such checks are required.

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

Review and update the complaints procedure to provide complainants with the contact details of the parliamentary and health service ombudsman (PHSO) if they are dissatisfied with the practice's response to their complaint. Also reference to the Healthcare Commission should be removed from the practice information booklet (suggestions/complaints section) as this organisation no longer exists.

## Outstanding practice

The practice had designed and introduced a template to ensure patients with a learning disability received regular review and effective care and treatment. This has been so successful it has been adapted by other practices within

the South Manchester CCG area. At the time of our visit the practice was in the process of developing a similar template for patients with dementia. These



## Summary of findings

developments demonstrated effective care of chronic diseases and vulnerable people. It also evidenced the practice was proactively sharing learning with colleagues outside the practice.

The practice had achieved the 'Pride in practice gold award' to celebrate delivering an excellent service to all

patients. Pride in Practice is a quality assurance support service provided by The Lesbian & Gay Foundation to GP practices to support improvements in health outcomes for their lesbian, gay and bisexual (LGB) patients, as well as strengthen their engagement with, and understanding of LGB people.

# Bowland Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC inspector, a GP specialist advisor and a practice manager specialist advisor. Our inspection team also included an Expert by Experience who is a person who uses services and wants to help CQC to find out more about people's experience of the care they receive.

## Background to Bowland Medical Practice

Bowland Medical Practice serves a residential area located in the Baguley area of South Manchester. At the time of this inspection we were informed about 7,859 patients were registered with the practice.

The practice population experiences much higher levels of income deprivation than the practice average across England. There is a lower proportion of patients above 65 years of age (13.6%) than the practice average across England (16.7%). The practice has a higher proportion of patients under 18 years of age (16.4%) than the practice average across England (14.8%). 68.1 per cent of the practice's patients experience health related problems in daily life compared to the practice average across England of 48.8%.

At the time of our inspection five partner GPs and five qualified doctors training to be GPs were providing primary medical services to patients registered at the practice. The GPs were supported in providing clinical services by four practice nurses. The clinical staff were supported by the practice manager finance manager and the other 11 members of the practice team.

Bowland Medical Practice is accredited by the North Western Deanery of Postgraduate Medical Education as a GP Training Practice, providing post graduate training and experience for five qualified doctors who are training to become GPs.

The opening times of the practice are Monday to Friday from 8.15am to 6.00pm with extended opening hours Tuesday 6.30pm to 7.30pm. The surgery is closed on Tuesdays and Fridays between 12 noon and 2.00pm for training.

The practice contracts with NHS England to provide General Medical Services (GMS) to the patients registered with the practice.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours service (Go To Doc). The practice website provides patients with details of how to access medical advice when the practice is closed. Patients are also provided with these details via a recorded message when they telephone the practice outside the usual opening times.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health

# Detailed findings

And Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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 the 16 July 2015. We reviewed all areas that the practice operated, including the administrative areas. We received 11 completed CQC comment cards and spoke with 6 patients and a member of the practice's patient participation group (PPG) on the day of inspection. We spoke with people from various age groups and with people who had different health care needs.

We spoke with two of the partner GPs, a qualified doctor training to become a GP, two health practice nurses, the practice manager, the finance manager and two members of the administration/reception staff.

# Are services safe?

## Our findings

### Safe Track Record

There was a system in place for investigating and managing significant incidents (including mistakes). Before visiting the practice we reviewed a range of information we hold about the practice and asked other organisations (NHS England and South Manchester Clinical Commissioning Group (CCG)) to share what they knew. No concerns were raised about the safe track record of the practice.

Discussions with staff at the practice and written records of significant events revealed that they were escalated to the appropriate external authorities such as NHS England or the CCG if necessary. A variety of information sources were used to identify potential safety issues and incidents. These included complaints, health and safety incidents, findings from clinical audits and feedback from patients and others.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Significant incidents and events were used as an opportunity for learning and improving the safety of patients, staff and other visitors to the practice. Learning was based on a thorough analysis and investigation of things that went wrong. Staff were encouraged to participate in learning and to improve safety as much as possible. Opportunities to learn from external safety events were identified. We spoke with clinical and non-clinical staff. They told us the culture at the practice was fair and open and they were encouraged to report incidents and mistakes and were supported when they did so. The learning from significant events was regularly discussed at the weekly practice meetings. We looked at records relating to how the practice team learnt from incidents and subsequently improved safety standards. The examples we looked at showed how incidents were investigated by defining the issue clearly and identifying what actions needed to be taken to address the risk and minimise or prevent it from happening again. We discussed with one of the GP partners and practice manager the potential benefits of extending the way significant incidents are managed to 'near miss' incidents to enhance staff learning and improving the safety of patients.

The practice had a system for managing safety alerts (from external agencies). These were communicated to the GPs and nurse clinicians and action was taken where appropriate to do so.

### Reliable safety systems and processes including safeguarding

Safeguarding policies and procedures for children and vulnerable adults had been implemented at the practice. We discussed how safeguarding was managed at the practice and looked at the systems used to ensure patients' safeguarding needs were addressed.

All the staff we spoke with clearly understood their responsibilities in respect of keeping vulnerable people safe and correctly identified one of the partner GPs as the practice safeguarding lead for children and vulnerable adults. We also saw the practice team were communicating regularly with the safeguarding leads for children and adults at Manchester social services and the CCG when required and provided reports to them when requested to do so. Staff had been provided with safeguarding training in respect of vulnerable children and adults. We saw evidence that all of the partner GPs had received updated enhanced (level 3) safeguarding training.

Patient appointments were conducted in the privacy of individual consultation rooms. Where required a chaperone was provided. No issues in respect of chaperoning were raised by patients we spoke with or received information from.

### Medicines Management

Systems were in place for the management, secure storage and prescription of medicines within the practice.

Management of medicines was the responsibility of the clinical staff at the practice. Prescribing of medicines was monitored closely and prescribing for long term conditions was reviewed regularly. A procedure was operated to enable patients to request and obtain their repeat prescriptions. It was established practice to monitor the amount of medicines prescribed particularly for the frail elderly and others with complex health needs. Medicine errors were treated as significant events. We looked at the processes and procedures for storing medicines. This included vaccines that were required to be stored within a particular temperature range. We found appropriate action had been taken to achieve this and a daily check and record was made to ensure the appropriate temperature range was maintained. The practice had identified areas where their medicines management systems could be

# Are services safe?

improved and had taken action to achieve this. For example the practice was seeking the support of a pharmacist to review their prescribing policies and medicines management systems.

## Cleanliness & Infection Control

We looked around the practice during our visit. Systems were in place for to ensure the practice was regularly cleaned. We found the practice to be clean at the time of our visit. A system was in place for managing infection prevention and control. The advanced nurse practitioner and practice manager provided leadership in this area. Staff had been provided with infection prevention and control training and this included the use of appropriate hand washing techniques. We saw that appropriate hand washing facilities (including liquid soap and disposable towels) and instructions were available throughout the practice. We saw evidence that some checks had been undertaken to make sure measures taken to prevent the spread of potential infections were periodically risk assessed (audited). This is important to ensure their continued effectiveness and minimise the risks associated with potential infections. However there was no evidence that a risk assessment had been carried out in respect of the potential risk from legionella contamination. Legionella is a germ found in the environment which can contaminate water systems in buildings. The provider must take action to ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection.

We saw that practice staff were provided with equipment (for example disposable gloves and aprons) to protect them from exposure to potential infections whilst examining or providing treatment to patients.

We looked at seven consulting/treatment rooms. These rooms were clean, suitably furnished, appropriately equipped, well lit and provided privacy. Appropriate hand washing facilities were in place. Medical instruments used for minor procedures were disposed of after single use.

Appropriate arrangements were in place to dispose of single use medical equipment and clinical waste safely. Clinical waste was stored safely and securely in specially designated bags before being removed by a specialist contractor. We saw records that detailed when such waste was removed.

## Equipment

A record of maintenance of clinical, emergency and other equipment was in place and it was recorded when any items were repaired or replaced. We saw that all of the equipment had been regularly tested and the practice had contracts in place for personal appliance tests (PAT) to be completed on an annual basis and for the routine servicing and calibration of equipment.

## Staffing & Recruitment

The practice was staffed to enable the general medical service needs of patients to be met. A system was in place to plan surgery times that ensured a GP was available for all the sessions. Records we looked at indicated that the practice used the services of locums who were familiar to the practice.

There was a very low turnover of staff at the practice. A formal recruitment process was in place. This included obtaining information to demonstrate appropriate checks had been made to ensure new staff were appropriately qualified, had medical indemnity cover and were currently registered with a professional body, such as The General Medical Council (GMC). However non-clinical staff who carry out chaperoning duties had not undergone a Disclosure and Barring Service (DBS) check. All staff performing a chaperone role should have undergone a DBS check. No risk assessment had been conducted to assess the chaperoning responsibilities and activities of non-clinical staff to determine if they were eligible for a DBS check and to what level. Where the decision had been made not to undertake a DBS check on staff, the practice must be able to give a clear rationale as to why. The provider must improve the system of staff recruitment to ensure that patients are protected by operating effective recruitment and selection procedures that includes conducting Disclosure and Barring Service checks being carried out (and evidenced) when staff are employed or are engaged in a role where such checks are required.

## Monitoring Safety & Responding to Risk

Procedures were in place for dealing with medical emergencies. Resuscitation medicines and equipment, including a defibrillator and oxygen, were readily accessible to staff. Records and discussion with staff demonstrated that all clinical and non-clinical practice staff received

## Are services safe?

regularly updated basic life support training. We also looked at records that showed that resuscitation medicines and equipment were checked on a regular basis to see they were in date or functioned correctly.

### **Arrangements to deal with emergencies and major incidents**

A written contingency plan was in place to manage any event that resulted in the practice being unable to safely provide the usual services. This demonstrated there was a proactive approach to anticipating potential safety risks,

including disruption to staffing or facilities at the practice. The plan had been developed in conjunction with South Manchester CCG. We looked at records that demonstrated the practice had carried out risk assessments to identify all risks associated with their premises and that they were managing these risks. The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff had received regular fire safety training.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nurses we spoke to clearly outlined the rationale for the care and treatment provided to patients. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of regularly held practice meetings where new guidelines were shared, the implications for the practice's performance and patients were discussed and required actions identified. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them.

Discussion with two of the partner GPs, a qualified doctor training to become a GP, two of the practice nurses and looking at how information was recorded and reviewed, demonstrated that patients were being effectively assessed, diagnosed, treated and supported.

### Management, monitoring and improving outcomes for people

Information about the outcomes of patients care and treatment was collected and recorded electronically in individual patient records. This included information about their assessment, diagnosis, treatment and referral to other services.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. We saw many examples of these at the practice including audits relating to antibiotic prescribing, diabetes and chronic kidney disease. Clinical audits were instigated from within the practice or as part of the practice's engagement with local audits. We saw that where audits identified actions these were clearly described and communicated to staff and carried out.

The practice had designed and introduced a template to ensure patients with a learning disability received regular review and effective care and treatment. This has been so successful it has been adapted by other practices within the South Manchester CCG area. At the time of our visit the practice was in the process of developing a similar template for patients with dementia. These developments

demonstrated effective care of chronic diseases and vulnerable people. It also evidenced the practice was proactively sharing learning with colleagues outside the practice.

We saw evidence of individual clinical peer support and regular practice meetings being held to discuss issues and potential improvements in respect of clinical care. Practice meeting minutes we looked at provided details of how the actions taken to make improvements were monitored over time to ensure they were embedded and effective.

Feedback from patients we spoke with, or who provided written comments, was very positive in respect of the quality of the care, treatment and support provided by the practice team. There was no evidence of discrimination of any sort in relation to the provision of care, treatment or support.

### Effective staffing

Staff training records and discussions with staff demonstrated that all grades of staff were able to access regular training to enable them to develop professionally and meet the needs of patients effectively. We saw that regular staff appraisals had taken place and included a process for documenting, action planning and reviewing appraisals. Staff we spoke with said they were being supported to access relevant training that enabled them to confidently and effectively fulfil their role.

GPs were supported to obtain the evidence and information required for their professional revalidation. This was when doctors demonstrated to their regulatory body, the GMC, that they were up to date and fit to practice. The practice nurses were supported to attend updates to training that enabled them to maintain and develop their professional skills.

### Working with colleagues and other services

Systems were in place to ensure patients were able to access treatment and care from other health and social care providers where necessary. This included where patients had complex needs or suffered from a long term condition. There were clear mechanisms to make such referrals in a timely way and this ensured patients received effective, co-ordinated and integrated care. We saw that referrals were assessed as being urgent or routine. All referrals were tracked to ensure patients could access appointments effectively. Patients we spoke with, or



# Are services effective?

## (for example, treatment is effective)

received written comments from, said that if they needed to be referred to other health service providers this was discussed fully with them and they were provided with enough information to make an informed choice.

We saw that clinicians at the practice followed a multidisciplinary approach in the care and treatment of their patients. This approach included regular meetings with other health care professionals to plan and co-ordinate the care of patients. There was a co-ordinated approach to communicating and liaising with the provider of the GP out of hour's service. All patient contacts with the out of hour's provider were reviewed by a GP the next working day.

A system was in place for hospital discharge letters and specimen results to be reviewed by a GP who would initiate the appropriate action in response.

### Information sharing

All the information needed to plan and deliver care and treatment was stored securely (electronically) and was accessible to the relevant staff. This included care and risk assessments, care plans, case notes and test results. The system enabled staff to access up to date information quickly and enabled them to communicate this information when making an urgent referral to relevant services outside the practice.

### Consent to care and treatment

Patients we spoke with told us that they were communicated with appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment. The July 2015 GP patient survey reflected that 93% of respondents said that the last GP they saw or spoke with at the practice was good at involving them in decisions about their care. 91% said the last GP they saw or spoke to was good at explaining tests and treatments and 93% say the last nurse they saw or spoke to was good at explaining tests and treatments.

Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. Patients were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded. Where people lacked the mental capacity to make a decision, 'best interests' decisions were made in accordance with

legislation. Clinical staff we spoke with clearly understood the importance of obtaining consent from patients and of supporting those who did not have the mental capacity to make a decision in relation to their care and treatment. The practice had identified the need to provide staff with training in respect of mental capacity and deprivation of liberty safeguards (DoLS). We saw evidence that steps had been taken to access such training later in 2015.

Clinical staff spoken with demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

### Health promotion and prevention

New patients, including children, were offered appointments to check their medical history and current health status. This enabled the practice to quickly identify who required extra support such as patients at risk of developing, or who already had, an existing long term condition such as diabetes, high blood pressure or asthma. The practice nurses conducted the initial health screening assessments and made referrals to one of the GPs for further assessment as appropriate.

A range of health promotion information was provided to patients particularly in the patient waiting areas of the practice. This was supplemented by advice and support from the clinical team at the practice during appointments. Health promotion services provided by the practice included smoking cessation and weight management. The practice had arrangements in place to provide and monitor an immunisation and vaccination service to patients. For example we saw that childhood immunisation and influenza vaccinations were provided. The practice also provided a regular travel vaccination service conducted by a practice nurse who specialised in travel health.

The provision of health promotion advice was an integral part of each consultation between clinician and patient. Patients were also enabled to access appropriate health assessments and checks. A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions were identified. This included sending appointments for patients to attend reviews on a regular basis. When patients did not attend this was followed up by the practice staff to determine the reason, discuss any anxieties the patient may have and provide a flexible alternative appointment.



# Are services effective?

(for example, treatment is effective)

Patients experiencing long term sickness were provided with fitness to work advice to aid their recovery and help them return to work.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We received 11 completed CQC comment cards and spoke with 6 patients on the day of inspection. We spoke with people from various age groups and with people who had different health care needs.

Comments we received from patients and those who were close to them were very positive about the way staff treated people. Patients told us that the practice staff communicated with them well. They also told us that staff at the practice treated them with respect, in a polite manner and as an individual. The July 2015 GP patient survey reflected that 98% of respondents had confidence and trust in the last GP they saw or spoke to. 99% of respondents had confidence and trust in the last nurse they saw or spoke to. 95% of respondents said the last GP they saw or spoke to was good at treating them with care and concern. 86% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern.

During our visit we observed staff to be respectful, pleasant and helpful with patients and each other during our inspection visit.

Patients said their privacy and dignity was always respected and maintained particularly during physical or intimate examinations. All patient appointments were conducted in the privacy of individual consultation rooms. Examination couches were provided with privacy curtains for use during physical and intimate examination and a chaperone service was provided.

Staff told us if they witnessed any discriminatory behaviour or where a patient's privacy and dignity was not respected they would be confident to raise the issue with the practice manager or one of the partner GPs. We saw no barriers to patients accessing care and treatment at the practice.

Practice staff sought to work with patients who had at times presented with behaviour that was challenging. The approach adopted at the practice was to seek to resolve the issue and keep engaging with the individual patient.

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

Comments we received from patients reflected that practice staff listened to them and concerns about their health were taken seriously and acted upon. They also told us they were treated as individuals and provided with information in a way they could understand and this helped them make informed decisions and choices about their care and treatment. A wide range of information about various medical conditions was accessible to patients from the practice clinicians and was prominently displayed in the waiting areas.

Where patients and those close to them needed additional support to help them understand or be involved in their care and treatment the practice had taken action to address this. For example language interpreters were readily accessed and extended appointment times were provided to ensure this was effective.

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

There was a person centred culture where the practice team worked in partnership with patients and their families. This included consideration of the emotional and social impact a patient's care and treatment may have on them and those close to them. The practice had taken proactive action to identify, involve and support patient's carers. A wide range of information about how to access support groups and self-help organisations was available and accessible to patients from the practice clinicians, in the reception area and via the practice website. A counselling support service was also available to provide emotional support to patients following referral by a GP.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had planned and implemented a service that was responsive to the needs of the local patient population. The practice actively engaged with commissioners of services, local authorities, other providers, patients and those close to them to support the provision of coordinated and integrated care and treatment to ensure that patient's needs were appropriately met.

Efforts were made to ensure patients were able to access appointments with a named doctor where possible. Where this was not possible continuity of care was ensured by effective verbal and electronic communication between the clinical team members. Patients were able to access appointments with a male or female GP if preferred. Longer appointments could be made for patients such as those with long term conditions or who were carers. Home visits were provided by the GPs to patients whose illness or disability meant they could not attend an appointment at the practice.

Clear and well organised systems were in place to ensure these vulnerable patient groups were able to access medical screening services such as annual health checks, monitoring long term illnesses, smoking cessation, weight management, immunisation programmes, or cervical screening. Where patients did not attend such appointments there was a system in place to establish the reasons why and offer another flexible appointment to encourage patients to attend and discuss any concerns they may have.

We saw the practice carried out regular checks on how it was responding to patients' medical needs. This activity analysis was shared with South Manchester CCG and formed a part of the Quality and Outcomes Framework monitoring (QOF). It also assisted the practice to check that all relevant patients had been called in for a review of their health conditions and for completion of medication reviews.

Systems were in place to identify when people's needs were not being met and informed how services at the practice were developed and planned. A variety of information was used to achieve this. For example profiles of the local prevalence of particular diseases, the level of

social deprivation and the age distribution of the population provided key information in planning services. Significant events analysis, individual complaints, survey results and clinical audits were also used to identify when patients needs were not being met. This information was then used to inform how services were planned and developed at the practice.

The practice had a reception area, patient waiting areas and consultation and treatment rooms. We saw that the waiting areas were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. A private room was made available to enable patients to discuss confidential issues with staff if required. There were also facilities to support the administrative needs of the practice.

### Tackling inequity and promoting equality

Action had been taken to remove barriers to accessing the services of the practice. The practice team had taken into account the differing needs of people by planning and providing care and treatment services that were individualised and responsive to individual needs and circumstances. This included having systems in place to ensure patients with complex needs were enabled to access appropriate care and treatment such as patients with a learning disability or dementia. People in vulnerable circumstances were able to register with the practice.

The practice had achieved the 'Pride in practice gold award' to celebrate delivering an excellent service to all patients. Pride in Practice is a quality assurance support service provided by The Lesbian & Gay Foundation to GP practices to support improvements in health outcomes for their lesbian, gay and bisexual (LGB) patients, as well as strengthen their engagement with, and understanding of LGB people.

### Access to the service

We received 11 completed CQC comment cards and spoke with 6 patients on the day of inspection visit. We spoke with people from various age groups and with people who had different health care needs.

Patients we spoke with or received comments from spoke positively in respect of being able to access the service. We also looked at the results of the July 2015 GP survey. 67% of respondents were satisfied with the surgery's opening hours. 64% of the respondents found it easy to get through to the practice by phone. 86% were able to get an

# Are services responsive to people's needs?

(for example, to feedback?)

appointment to see or speak to someone the last time they tried and 95% said the last GP they saw or spoke to was good at giving them enough time. 85% of respondents found the receptionists at the practice helpful. Also 95% said the last appointment they got was convenient and 74% described their experience of making an appointment as good. 82% describe their overall experience of this surgery as good. The practice team had identified patient's issues and concerns regarding accessing the service and had taken action to improve access. This included introducing a triage system, improving the system used by patients to request prescriptions and increasing the number of same day appointments. We were also informed the practice were in the process of developing plans for a primary hub to provide patients with 7 day access to GP services. Where required an interpretation service with extended appointment times was provided.

The opening hours and surgery times at the practice were prominently displayed in the reception and patient waiting areas and were also contained on the practice website and in the practice information leaflet readily available to patients in the reception area. The opening times of the practice were Monday to Friday from 8.15am to 6.00pm with Extended opening hours Tuesday 6.30pm to 7.30pm. The surgery was closed on Tuesdays and Fridays between 12 noon and 2.00pm for staff training.

GP consultations were provided in 10 minute appointments. Where patients required longer appointments these could be booked by prior arrangement. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information about the out of hour's service was provided to patients.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their 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. However the complaints procedure should be reviewed and updated to provide complainants with the contact details of the parliamentary and health service ombudsman (PHSO) if they are dissatisfied with the practice's response to their complaint. Also reference to the Healthcare Commission should be removed from the practice information booklet (suggestions/complaints section) as this organisation no longer exists.

Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.

We looked at 4 formal complaints received in the 12 months prior to this inspection. In line with good practice all complaints or concerns were recorded and investigated. The complaints record detailed the nature of the complaint, the outcome of the investigation and how this was communicated to the person making the complaint. However to maximise learning from complaints and identify any developing trends in complaints received the provider should record a summary of all complaints received that can be reviewed regularly and discussed at practice meetings.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

One of the partner GPs described to us a clear value system which provided the foundations for ensuring the delivery of a high quality service to patients. The culture at the practice was one that was open and fair. Discussions with GPs, other members of the practice team and patients supported that this perception of the practice was widely shared.

### Governance arrangements

There were defined lines of responsibility and accountability for clinical and non-clinical staff. Regular clinical and practice meetings were held. We looked at minutes from recent meetings and found that performance, quality and risks had been discussed. Discussion with GPs and other members of the practice team demonstrated the practice operated an open and fair culture that enabled staff to challenge existing practices and thereby make improvement to the services provided. These arrangements supported the governance and quality assurance measures taken at the practice and enabled staff to review and improve the quality of the services provided. The partner GPs, practice manager and practice nurses actively participated and interacted with South Manchester Clinical Commissioning Group (CCG) and were clearly very aware of local health care trends and developments and shared this with their colleagues in order to enable them to consider what improvements could be made to develop and improve the services they provided to patients.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance and identify areas for improvement. We saw that QOF data was regularly discussed within the practice and action was taken to maintain or improve outcomes.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. We saw many examples of these at the practice including audits relating to antibiotic prescribing, diabetes and chronic kidney disease. Clinical audits were instigated from within the practice or as part of the practice's engagement with local audits. We saw that where audits identified actions these were clearly described and communicated to staff.

### Leadership, openness and transparency

The service was transparent, collaborative and open about performance. There was a clear leadership structure. We spoke with nine members of staff and they were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

We saw that clinical and practice meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity to raise issues at staff meetings, during individual appraisal meetings or during the regular informal discussions that took place.

Measures were in place to maintain staff safety and wellbeing. Induction and on going training included safety topics such as the prevention of the spread of potential infections and other health and safety issues. A procedure for chaperoning patients was also in place to protect staff as well as patients.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patient surveys, comment cards and complaints received. We looked at the results of the July 2015 GP patient survey. This reflected high levels of satisfaction with the care, treatment and services provided at the practice.

The practice had established a patient participation group (PPG) in order to maximise feedback from patients and involve them more in developing and improving services at the practice. The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they were able to give feedback and discuss any concerns or issues and that their contributions were respected and valued.

### Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through regular training and appraisal. We saw that staff appraisals had taken place and included a process for documenting, action planning and reviewing appraisals. Staff told us that the practice was very supportive of them accessing training relevant to their role and personal development.

GPs were supported to obtain the evidence and information required for their professional revalidation.

# Are services well-led?

Good 

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

This was where doctors demonstrate to their regulatory body, The General Medical Council (GMC), that they were up to date and fit to practice. Bowland Medical Practice is accredited by the North Western Deanery of Postgraduate Medical Education as a GP Training Practice, providing post graduate training and experience for five qualified doctors who were training to become GPs.

The practice had completed reviews of significant events and other incidents and shared the outcomes of these with staff during meetings to ensure outcomes for patients improved.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We saw evidence that some checks had been undertaken to make sure measures taken to prevent the spread of potential infections were periodically risk assessed (audited). This is important to ensure their continued effectiveness and minimise the risks associated with potential infections. However there was no evidence that a risk assessment had been carried out in respect of the potential risk from legionella contamination. Legionella is a germ found in the environment which can contaminate water systems in buildings. The provider must take action to ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection.</p> <p>Regulation 12 (2)(h)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Non-clinical staff who carry out chaperoning duties had not undergone a Disclosure and Barring Service (DBS) check. All staff performing a chaperone role should have undergone a DBS check. No risk assessment had been conducted to assess the chaperoning responsibilities and activities of non-clinical staff to determine if they were eligible for a DBS check and to what level. Where the decision had been made not to undertake a DBS check on staff, the practice must be able to give a clear rationale as to why. The provider must improve the system of staff recruitment to ensure that patients are protected by operating effective recruitment and</p>

This section is primarily information for the provider

## Requirement notices

selection procedures that includes conducting Disclosure and Barring Service checks being carried out (and evidenced) when staff are employed or are engaged in a role where such checks are required.

Regulation 19 (1)(3)(a)