

# 3D Medical Centre

## Quality Report

200-202 Deane Road  
Bolton  
Lancashire  
BL3 5DP  
Tel: 01204 463 246  
Website: [www.ssphealth.com](http://www.ssphealth.com)

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 3D Medical Centre on 31 May 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
  - The practice had a proactive patient participation group (PPG).
  - The practice offered staff flexible working across different SSP locations.
- The practice held a café /drop-in social event each month to bring patients together and reduce social isolation especially in older patients.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. Staff informed patients about things that had gone wrong as soon as practicable. They received reasonable support, truthful information, and a written apology. Staff told patients about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Information about patients' outcomes was identified through data collections that had been routinely carried out in relation to a number of areas including consultations, appointments and inadequate smears.
- The practice routinely gathered data on important clinical issues and reviewed its performance against appropriate criteria to monitor the effectiveness of clinical care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- The staff held charity events to encourage patients to come together and to help reduce social isolation. For example, a recent baking event raised money for a local cancer care charity.
- The practice had a proactive patient participation group (PPG) who supported the community and patients.
- There was a staff member nominated as the dedicated carers' champion who maintained a carers' register and provided support and information about local support services.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, health care information was provided in different languages. Patients had free access to a gym that was paid for and set up by the SSP organisation and regular coffee mornings were held to encourage patients to come together and to help reduce social isolation.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Staff learned from complaints and shared information with other stakeholders.

Good



## Are services well-led?

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

Good



# Summary of findings

- 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.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received induction training, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The practice encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

# 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, regular coffee mornings were held at the surgery to encourage patients to meet up in order to reduce social isolation.
- All patients had a named accountable GP.
- There was a dedicated carers' champion who maintained a register of these patients and signposted them to community support services.
- There was a dedicated telephone line for older patients and outside agencies i.e. the ambulance service and for patients on the hospital unplanned admission register.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- Planned home visits coincided with flu/pneumococcal immunisations

Good



# Summary of findings

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 79% which was similar to the CCG and the national average.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs. Rescue packs were prepared in advance for patients with chronic obstructive pulmonary disease to reduce the risk of hospital admission.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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 social care professionals to deliver a multidisciplinary package of care.
- GPs encouraged at risk family members to be screened for possible genetic long term conditions.
- Longer appointments, up to 45 minutes, were available for patients with multiple conditions for their convenience and to ensure time was available for a more holistic review of their care needs.
- Staff provided patients with information about local support services. For example, the alcohol / drug recovery team BIDAS and Think Positive an organisation that provided help to people with anxiety, depression and other similar difficulties.
- A carer and cancer champion maintained a register of patients with long-term conditions and cancer and provided them with information about local community and practice support services.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Staff attended regular safeguarding meetings where they were updated on the safeguarding issues within practice.
- Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- The premises were suitable for children and babies. For example, breast feeding and changing facilities were available.
- Appointments outside of school hours were available.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, antenatal and postnatal clinics were held.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- An Early Years fact sheet was sent to new parents providing information about vaccination schedules, breast-feeding, cervical screening and other health related information to support and promote health and wellbeing. This factsheet was available in different languages to support patients whose first language was not English.
- Same day appointments were available for children to reduce potential anxiety for parents and reduce the need to access accident and emergency and out of hours' services.
- Weekly and ad-hoc baby immunisation clinics and 8 weeks baby checks were available.
- The practice offered advice on contraception and sexual health and took part in the RU Clear Chlamydia screening

## **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 this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, providing health care information in different languages and holding a café /drop-in social event to help reduce social isolation. Staff had identified social isolation as becoming more prevalent amongst patients at the practice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered a health check to all registered patients and NHS Health checks every 5 years for those patients between the ages of 40 – 74 years of age.
- Appointments could be booked online. Telephone appointments were available daily with the nurse and GPs. Repeat prescriptions could be ordered online

Good





# Summary of findings

- Patients were able to use the 'Text to Cancel' service allowing patients to cancel unwanted appointments. This improved access to appointments for other patients and reduced the rate of missed appointments.
- Minor surgery injections were offered at the practice
- The practice worked with local pharmacies to ensure patients could use a pharmacy of their choice for ordering and collection of medicines.

## 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 and those with a learning disability.
- End of life care was delivered in a coordinated way that took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and mental health problems so they had more time to discuss their health care issues.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They understood their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- All staff were trained in safeguarding. The IT system alerted staff to patients subject to safeguarding.
- Regular safeguarding meetings took place to ensure these patients received the support and medical treatments they needed.
- Staff were trained to act as chaperones.
- The practice was accredited by the LGBT Foundation for its services provided to LGBT patients.
- Wheelchair access was available and leaflets were printed in large font for patients who were partially sighted.
- Health promotion materials were available in a range of different languages and a language interpretation service was used.

Good



# Summary of findings

- 3 D Medical Centre held education events to ensure patients understand how the surgery worked and to help them feel supported and confident in accessing community services such as the Bolton drug and alcohol service.

## **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 carried out advance care planning for patients living with dementia.
- The practice considered the physical health needs of patients with poor mental health and dementia. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of blood pressure in the preceding 12 months was 100% which was 17% above the CCG average and 19% above the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Opportunistic screening of patients physical health care was discussed and provided to patients during pre-booked appointments
- The 'Single Point of Access' accepted non-urgent referrals and urgent referrals for patients in crisis.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results were mixed as compared to local and national averages. 330 survey forms were distributed and 41 were returned. This represented 2.7% of the practice's patient list.

- 87% of patients described the overall experience of this practice as good compared with the CCG average of 87% and the national average of 85%.
- 95% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 71% of patients said they would recommend this GP practice to someone who had just moved to the local area compared with 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 15 comment cards which were all positive

about the standard of care received. Patients said they were happy with the service they received. Patients described the service as 'very good' and 'good' and the staff as helpful and caring.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gave every patient the opportunity to feed back on the quality of care they had received. Results from the patient responses received indicated the following:

- February 2017 showed that 30% of patients were 'extremely likely' and 42% were 'likely' to recommend the practice to friends and family. This result was based on 50 patient responses.
- March 2017 showed that 32% of patients were 'extremely likely' and 50% were 'likely' to recommend the practice to friends and family. This result was based on 56 patient responses.
- April 2017 showed that 49% of the patients were 'extremely likely / likely' to recommend the practice to friends and family. This result was based on 55 patient responses.

# 3D Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser and a practice nurse specialist adviser.

## Background to 3D Medical Centre

3 D Medical Centre is located in Deane Road, Bolton, Lancashire BL3 5DP. Parking outside the practice is time limited although there is side street parking close by. There are public transport links close to the practice. 3 D Medical Centre is situated within the geographical area of Bolton Clinical Commissioning Group (CCG).

There is one male GP who works four sessions per week and one female GP who works two sessions per week. Three GP sessions are provided through the SSP Health Care Bolton GPs multi-practice shared rota. There is an advanced nurse practitioner, two practice nurses and a health practitioner. All of these staff work part time. A practice manager and a team of reception and administration staff support the practice.

The practice is open from 8.00 am to 6.30 pm Monday to Friday (except bank holidays). Appointments are:

Monday: 9.30 am to 12 noon and 2 pm to 4.30 pm

Tuesday: 10 am to 12:30 pm and 3 pm to 5.30 pm

Wednesday: 9 am to 11.30 am and 3 pm to 5.30 pm

Thursday: 10 am to 1 pm and 3 pm to 5.30 pm

Friday: 10 am to 1 pm and 3 pm to 5.30 pm

Telephone appointments are available daily from 8 am to 5.30 pm.

Patients requiring a GP outside of normal working hours are directed to use the Bury and Rochdale Doctors On Call (BARDOC) using the surgery number.

The practice has a Personal Medical Services (PMS) contract with Bolton CCG. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

3 D Medical Centre is responsible for providing care to 1518 patients.

The patient demographics are:

- 3.5% of patients are over 65 years of age.
- 29% are under 15 years of age.
- 98% are of an Eastern European or Asian background.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for example, NHS Bolton Clinical Commissioning Group to share what they knew. We carried out an announced visit on 31 May 2017. During our visit we:

- Spoke with a range of staff including one of the GPs, the practice manager, the practice nurse and reception staff. In addition to these staff, we also spoke with the chief operating officer and the regional manager.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, all patients newly diagnosed with cancer were viewed as a significant event. In the light of this, clinicians discussed the circumstances around each patient's diagnosis, looked at what could have been done differently and identified any learning points and possible actions
- The practice also monitored themes in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. The safeguarding policy provided staff with information about female genital mutilation and child sexual exploitation. 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. One of the GPs was the lead member of staff for safeguarding. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Staff were also trained in an awareness of female genital mutilation. GPs were trained in the Prevent Agenda to raise awareness of their responsibilities to prevent people from being drawn into terrorism. The GPs, nurses and the practice manager were trained to child safeguarding level three.
- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received an enhanced 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.

- The premises were clean and tidy and there were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- One sharps bin was still labelled 2015. We were informed that the contractor had forgotten to collect and empty the bin, although this had not been noticed by any of the staff.
- There was a small box on the floor in one of the clinical room's labelled poison. We expressed concern that this was in reach of children. This was removed straight away

## Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions, which included the review of high risk medicines. Repeat prescriptions were signed before being handed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, 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 to monitor their use.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available. The practice manager was the lead member of staff for managing health and safety at the practice.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Staff were trained in conflict resolution to manage patients who presented with challenging behaviours.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 masks. The staff were unsure if the defibrillator was currently functional because there was a flashing red light. They contacted the manufacturers to check this and they confirmed the defibrillator was in working order.
- An accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included guidance for staff about their role and responsibilities and what constitutes an emergency. The contact telephone numbers for senior staff and utility providers were available.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- A range of policies and procedures relating to the running of the practice were available to staff so they were aware of their responsibilities and knew how to work safely.

### 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 published results for 2016 / 2017 were 94% of the total number of points available which was the same as the clinical commissioning group (CCG) and national average.

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

- Performance for diabetes related indicators was higher than the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 91% which was similar to the CCG average and national average.
- Performance for mental health related indicators was higher than the CCG and national averages. For example, the percentage of patients with schizophrenia,

bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their records, in the preceding 12 months was 83% which was similar to the CCG and national average.

The practice routinely gathered data on important clinical issues and reviewed its performance against appropriate criteria to monitor the effectiveness of clinical care.

Information about patients' outcomes was identified through data collections which had been routinely carried out in relation to a number of areas including consultations, appointments and inadequate smears.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, information governance and equality and diversity. Staff had access to and made use of e-learning and in-house training.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

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.
- From the sample of documented examples we reviewed we found that 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 to assess and plan ongoing care and treatment. This included, district nurses, health visitors and MacMillan nurses. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

The practice had a register of patients who required additional support such as vulnerable patients, carers, patients requiring drug monitoring, patients with a learning disability, military veterans, deprivation of liberty safeguards (DOLs), patients' with cancer and those receiving end of life care etc. These patients were monitored through an 'important patient register' whereby clinicians ensured they received the care and treatments needed. Patients on the register had alerts on their patient record and were regularly discussed at multi-disciplinary team meetings.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccinations given were comparable to CCG and national averages. For example, rates for the vaccinations given to under two year olds were 98% and five year olds from 82% to 99%.

The practice's uptake for the cervical screening programme was 90%, which was 8% higher than the CCG average and 9% higher than the national average. The practice staff had carried out a lot of work to encourage patients from minority ethnic backgrounds to attend cervical screening appointments, as they were traditionally a hard to reach group of patients. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages for patients whose first language was not English and for those with a learning disability.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results. The practice staff had worked hard to encourage patients to attend for bowel screening as patients from minority ethnic backgrounds could be difficult to reach.

# Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice held a regular coffee morning to encourage patients meet and help reduce social isolation.
- The practice had drawn up an Early Years fact sheet for all new parents. This provided information about vaccination schedules, breast-feeding, cervical screening and other health information. This information was also in different languages to support patients whose first language was not English.
- The practice welcome pack was available to different languages to support patients whose first language was not English.
- The practice produced a newsletter which included information about the services provided at the practice and general health advice.
- Information leaflets were printed in large font for patients who were partially sighted.
- One of the GPs had visited the local mosque to provide education sessions to patients on how to access the services offered at the practice.
- Patients from 3 D Medical Centre had free access to a gymnasium set up and run by the provider SSP Health Primary Care Limited in another of their practices in Bolton. The gymnasium was open Monday to Saturday including an evening session and female only sessions in recognition of the number of Muslim patients within the practice and as a means to encourage women to access the facilities. Membership was offered to registered patients as a means to help improve their health and well-being in particular weight loss but also social isolation. Once registered with the gym patients participated in an induction which included details of current health problems, core information such as Body Mass Index (BMI) and goals which were then reviewed every three months to monitor outcomes. We saw evidence that on average 39 patients used the gym on a daily basis.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they were happy with the service they received. Patients described the service as 'very good' and 'good' and the staff as helpful and caring.

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

- 93% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 87%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 94% 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%.
- 86% 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% national average of 85%.
- 90% of patients said the nurse was good at listening to them which was the same as the clinical commissioning group (CCG) average and the national average of 91%.

- 95% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

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

Patient feedback from the comment cards we received was positive.

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

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared with 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 interpretation services were available for patients who did not have English as a first language.

## Are services caring?

We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.

- The practice had a high number of patients from an ethnic minority background who could not speak English. To support these patients information leaflets were available in different languages. Health care information was also sent to patients whose first language was not English when they booked an appointment.
- Longer appointments were available to patients who needed them.
- The E-referral service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital)

### **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. Support for isolated or housebound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, a member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and / or by giving them advice on how to find a support service. If appropriate, the staff would keep in touch with the patient's family to ensure they had received the support services they needed.

The practice worked as part of the Integrated Neighbourhood Team (INT) and other health care professionals such as district nurses. The aim was to ensure patients were cared for in the community and ensure the wellbeing of the patients.

The practice held a regular coffee morning to encourage patients to meet to help reduce social isolation. There was an appointed member of staff who acted as a 'loneliness champion'. They provided patients with information about local community services and the services provided at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability and those who required extra time to talk about their health care issues.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand. For example, there was a hearing loop for patients with hearing difficulties and a low-level desk in the reception area to allow wheelchair users easy access to reception.
- The practice held a café /drop-in social event each month to reduce social isolation which staff had identified as becoming more prevalent in older patients.
- There was a small lift at the front entrance to help patients who could not manage the stairs, there was wheelchair access and leaflets were printed in large font for patients who were partially sighted.
- The practice had received the Gold Pride in Practice award from the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation. This initiative acknowledges the standard of service provided in lesbian, gay and bisexual healthcare. Receiving this award included providing staff with training on LGBT health care awareness.
- An Early Years Fact sheet was sent to new parents providing information about vaccination schedules,

breast feeding, cervical screening and other health related information to support and promote health and wellbeing. This factsheet was available in different languages to support patients whose first language was not English.

- Health care information was provided in different languages.
- Breast feeding and baby changing facilities were available.

### Access to the service

The practice was open between 8 am and 6.30pm.

Appointments were available at the following times:

Monday: 9.30 am to 12 noon and 2 pm to 4.30 pm

Tuesday: 10 am to 12:30 pm and 3 pm to 5.30 pm

Wednesday: 9 am to 11.30 am and 3 pm to 5.30 pm

Thursday: 10 am to 1 pm and 3 pm to 5.30 pm

Friday: 10 am to 1 pm and 3 pm to 5.30 pm

Patients benefitted from the practice being part of a wider SSP organisations for example in the event of an emergency appointment or convenient appointment being unavailable then an alternative appointment could be booked with a neighbouring SSP practice. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

Patients requiring a GP outside of normal working hours were advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call would be re-directed to the out-of-hours service. This meant patients could access a designated GP service in the Bolton area from 6.30 pm to 8 pm Monday to Friday and from 8 am to 6 pm on Saturdays, Sundays and bank holidays.

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

- 82% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 95% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 85%.
- 97% of patients said their last appointment was convenient compared with the CCG and national average of 92%.
- 95% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 57% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of

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

## Listening and learning from concerns and complaints

The practice had a system 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 displayed in the patient waiting area about how to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were discussed 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. This aligned with the overarching values of the provider SSP Health GPMS Ltd (SSP).
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear 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 and ensured that:

- The practice was part of SSP Health GPMS Ltd, a federated organisation. The practice benefitted through access to support and leadership, for example a nursing lead and pharmacist as well as access to human resources, auditing and finance teams. Staff and patients also benefitted from being part of a wider organisation through shared learning, training, mentoring and personal development. Staff told us this helped to improve safe care and treatment as they always had colleagues to call upon and were able to seek advice where required.
- There was a comprehensive structure in place led by SSP to enable learning and share best practice, this included peer review and collaborative working.
- There was a clear staffing structure within the practice and staff were aware of their own roles and responsibilities. GPs, nurses, practice management and administrative support staff had lead roles in key areas. For example, the practice manager was responsible for

health and safety and the practice nurse was responsible for infection control and travel immunisations. One of the GPs took a lead in safeguarding and minor surgery (off site).

- Organisational management provided regular support and leadership to the whole staff team.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice manager also attended meetings with SSP to review the practice performance. They then provided feedback to the team about relevant developments within the organisation as a whole.
- The practice routinely gathered data on important clinical issues and reviewed its performance against appropriate criteria to monitor the effectiveness of clinical care.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, infection control was well managed and a business continuity plan provided staff with information about how to manage an emergency at the practice. Fire safety procedures were in place to ensure staff and patients safety and medicines and prescriptions were well managed.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the lead GP, practice manager and leadership team from SSP 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 to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements

# Are services well-led?

Good 

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

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 practice encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs regularly met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice staff recognised that social isolation was becoming more prevalent amongst older patients. In light of this, patients were encouraged to attend the PPG meetings and participate in charity fund raising events that were held at the

practice. Information about the PPG was displayed in the patient waiting area and on the practice website. PPG members who were unable to attend the meetings were sent copies of the minutes so they were always kept informed about developments at the practice.

- the practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gave every patient the opportunity to feed back on the quality of care they had received. Results from February, March and April of this year indicated that there was an upward trend in the number of patients who were 'extremely likely' and 'likely' to recommend the practice to friends and family.
- staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice carried out in their own internal patient satisfaction survey (2016 / 2017) and the results and actions plans were discussed with staff.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking about how they could continually improve service provision and support staff in their work.

- The practice staff continued to operate a shared style of working and portfolio career options for GPs in order to provide continuity of treatment and care, positive health outcomes and high levels of patient satisfaction.
- All staff were part of scheme whereby they could win an extra weeks annual leave if successfully nominated by their colleagues.
- The practice had identified that social isolation was becoming more prevalent in older patients. As a result of this staff were continually looking at ways of addressing this issue in order to improve patients' mental and physical health.



# Are services well-led?

Good 

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

- The practice staff continued to work towards meeting the Bolton Quality Standards. Achievements were regularly monitored and discussed with staff so they were kept informed about the service developments.