

# Bolton GP Federation Extended Primary Care (EPC) Waters Meeting

## Inspection report

Waters Meeting  
95 Waters Meeting Road  
Bolton  
BL1 8TT  
Tel: 01204546124

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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Waters Meeting Health Centre (Bolton GP Federation Extended Primary Care) on 24 February 2020. The inspection was carried out as part of our inspection programme.

At this inspection we found:

- The provider had effective systems in place at this location to ensure staff had a consistent approach to the service delivery. However, not all staff we spoke were consistent about avenues of communication.
- Staff we spoke with felt supported by the teams they worked alongside and the management.
- There were systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The provider routinely reviewed the effectiveness and appropriateness of the care it provided at this location. It ensured that care and treatment was delivered according to evidence-based guidelines.
- A folder with information to support all staff, with step by step guidance/printed help sheets and referral forms was available at the location to ensure the service would run consistently. However, a clinician we spoke to was not aware of its existence.
- There was a comprehensive quality assurance system in place around policies and procedures, with all staff having access to the systems onsite.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The appointment system was well-managed, but clinics were scheduled dependent on which clinical system the patient's GP used, rather than the area they lived in or the GP practice they were registered at. Whilst this was responsive for some patients it was less responsive for others.
- Staff involved and treated people with compassion, kindness, dignity and respect
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The provider **should:**

- The provider should assure themselves that all training is relevant to each location, and that each member of staff is aware of any differences at the location they are working at, for example in relation to fire, chaperoning and/or health and safety.
- The provider should assure themselves each member of staff working at each location is aware of policies, procedures and where to find information in relation to EPC.
- The service should assure itself that all necessary recruitment checks, such as DBS checks, are undertaken and/or documented, and not solely rely on information already collected by other primary care employers.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team consisted of a lead inspector, a GP specialist adviser and a second CQC inspector.

## Background to Bolton GP Federation Extended Primary Care (EPC) services – Waters Meeting location

Bolton GP Federation is owned by its members who are local GP practices across nine neighbourhoods in Bolton. Their motto is “Stronger through working together” and their aim is to find new ways of working that bring the skills of different health professionals into general practice to provide the right care for the right person at the right time whilst using resources and time more efficiently.

Waters Meeting Health Centre is one of the locations where EPC hours are provided by Bolton GP Federation. CQC undertook an inspection of the Bolton GP Federation EPC service at Waters Meeting Health Centre on 24 February 2020. The Health Centre houses three GP practices and a pharmacy as well as a wide range of community health services and is also the location for the BARDOC GP Out of Hours Service as well as the extended primary care service.

Evening and weekend appointments are available at this location as part of Improving Access to General Practice. Patients who are registered at various practices across Bolton can see a GP or nurse every weekday from 6.30pm until 9.30pm and at the weekend on a Saturday and Sunday morning from 8am until 1pm and on Bank Holidays. The extended service is delivered and managed by Bolton GP Federation. The service primarily provides routine appointments for those patients who are working or unable to attend a GP practice between 8am and 6pm. Urgent and on-the-day requests are not part of this service, although appointments may sometimes be utilised for urgent requests where there is capacity.

Patients who need an appointment for routine ongoing health conditions can see a GP, advanced nurse practitioner or a nurse or health care assistant and can access a phlebotomy service, cervical screening

appointment and/or routine health check. Clinics are arranged at Waters Meeting or one of the other two locations (Winifred Kettle and Urgent Treatment Centre, RBH). Each appointment is for fifteen minutes.

Clinical staff are employed by the provider and the GPs and advanced nurse practitioners are mainly clinical staff already working at one of the local practices within Bolton. Patients can often see their own GP, or a GP known to them, during EPC appointments. Clinicians have full access, with the ability to read and write into each patient’s clinical record.

The clinical sessions and clinical staff are supported by a receptionist at each location. There is also a team of clinical and administrative service co-ordinators on call during core opening hours who offer a range of support and guidance to the onsite staff.

The provider Bolton GP Federation is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury at:

Waters Meeting Health Centre,

Navigation Park

Waters Meeting Road

Bolton

BL1 8TT

The location is accessible by public transport. Buses stop at Astley Street and Waters Meeting Road and from there the health centre is a two to three-minute walk.

The practice has a website that contains information about what they do to support their patient population:

The service does not accommodate walk-in patients or undertake home visits.

# Are services safe?

**We rated the service as good for providing safe services.**

## Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider head office team conducted ad-hoc safety risk assessments at each location. There were safety policies and procedures including infection control, medicines management and health and safety. Policies were regularly reviewed, communicated to staff and available centrally. Reception staff performed daily checks such as observational room checks prior to and after each clinic. Safety information and any areas of concern were submitted by each location to the head office when necessary. Waters Meeting location was managed by NHS property services who were responsible for the cleanliness, electrical checks and safety of the premises.
- Staff received safety information from the provider as part of their induction and refresher training. There was a staff folder with information about the protocols and procedures to be used during EPC. However, not all staff we spoke to were aware of, or had used the folder and generally relied on reception staff to provide any information.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. A member of staff we spoke with was not sure who the safeguarding lead was and there was no information about safeguarding such as telephone numbers or protocols in the clinical room. However, the policies we saw clearly outlined who to go to for further guidance.
- To improve child safeguarding within the extended primary care service the provider reviewed policies in relation to missed appointments or contacts that occurred in the community or hospital setting. In the case of any child not brought to an appointment or not attending an appointment in extended primary care, clinical staff were instructed to record “child not brought” in notes and to send communications to the host practice. Communications were also sent to all clinicians to ensure they understood the requirements and actions to take should they be concerned about the welfare of any children.

- Staff checks were carried out at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Not all staff who chaperoned knew that they should record their attendance within the clinical notes, and we pointed this out during the inspection.
- There was a check list provided to reception staff at each location with a set of tasks to complete before clinics commenced. The checks ensured the required utilities were available within each clinical room, the premises were clean and there was no infection prevention and control risks. Room checks were also undertaken after clinics to ensure that trolleys and equipment belonging to the EPC service was removed back into storage, computers were shut down, and any low stock levels were reported to the service manager. All equipment belonging to the provider was tested and calibrated as required. Ad-hoc checks were undertaken by the head office provider team.
- There were systems for safely managing healthcare waste, which were managed by the NHS property service. However, there were policies and protocols in place for staff within the EPC’ service to adhere to.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. For example, all staff based at the head office had multi skilled up to perform tasks, to that they could cover any unexpected leave. This included GPs when required.
- Most staff were employed on a zero hours contract and induction was tailored to suit their role. We saw an induction process in place including checks of

# Are services safe?

mandatory learning such as information governance, fire safety, safeguarding children, safeguarding vulnerable adults, anaphylaxis, basic life support and infection control.

- Staff we spoke to understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, such as sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment. Clinicians were able to view patients' records and make use of the tools within the clinical systems to analyse any symptoms of sepsis.
- There were systems in place to manage waiting times. We observed patients being seen on arrival and waiting no longer than five minutes to be seen by a GP. Shifts and rotas were managed at head office and clinics were created according to requirements. In the event of a shift not being adequately staffed, appointments would not be released for that booking. We saw that two or three clinics were allocated daily to at least one of the locations.
- We saw that staff advised patients when to seek further help and told them where to go and how to seek help if their condition worsened.
- There was a lone working policy in place and action in case of emergency. Staff we spoke to confirmed that they were never alone in a building or without a colleague and all were aware of the support available from the on-call team. All Hub sites had a minimum of two staff always present during operational hours.
- There was a security locking system at the entrance door to protect staff working and attending patients.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

- Clinicians made appropriate and timely referrals in line with Bolton GP Federation EPC' protocols and up to date evidence-based guidance.

## Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and vaccines, minimised risks. The service kept prescription stationery securely locked onsite and monitored the usage.
- All emergency medicines were stored onsite and responsibility for daily checks was shared between the EPC' staff and other staff at the location. The oxygen and defibrillator were provided by the host of the service and checks took place daily by onsite staff. Random checks were also undertaken by the head office management team.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the provider was part of the Bolton quality contract which regularly monitored prescribing, and was reviewed by clinicians to identify any trends. The service also undertook their own prescribing audits in relation to the clinicians employed by them.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines. We reviewed daily tasks sheets required to be completed by onsite staff, these tasks included a check of the emergency medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. For example, the internal clinical IT system provided a direct link to the patient's own records. Patient consultations were monitored by the head office team to ensure that

## Are services safe?

all relevant information had been received and appropriate action had been taken. We saw that regular meetings took place between head office and its employees to discuss any anomalies.

- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

### Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. There was a check list of safety certificates required at each location and assessments were carried out by the head office management team.
- The provider monitored and reviewed activity. This helped them to understand any risks and gave a clear, accurate and current picture that led to safety improvements. The directors at head office held regular meetings with Bolton Clinical Commissioning Group, where risks, alerts and complaints were discussed.

- There was a system for receiving and acting on safety alerts and various methods of communication for clinical and non-clinical staff including email dissemination and a WhatsApp group.

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety. For example, the head office had a clear auditable process for any significant events. We saw that learning had been shared between all staff, including frontline staff. If any event involved a patient directly, we saw full disclosure was presented to the patient.



# Are services effective?

**We rated the service as good for providing effective services.**

## Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Each clinical appointment ran for 15 minutes per person, to allow the clinician time to familiarise themselves with the patient's notes and to provide time to discuss matters with the patient.
- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. The lead GP or one of the management team monitored any changes and sent relevant guidance as required. There was also information available to all frontline staff on their computer shared drive and emails were sent when required.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment were delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. For example, in the case of any child not brought to an appointment in extended primary care, clinicians were instructed to make a note of this in the patient record and to communicate with the patient's registered GP.
- There was a system in place to identify frequent callers and patients with needs, for example palliative care patients, and care plans/guidance/protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- Clear referral processes were in place.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, patients were offered an appointment at three available locations and could decide which one they preferred to attend.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate clinicians took part in local and national improvement initiatives.

The service made improvements using completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, EPC made referrals to secondary care and monitored the quality of those referrals. They audited whether problems were clearly stated, that history was relevant and informative, and that there was evidence of examination with key investigations including past medical history (pmh) and medicines. They identified areas for improvement including typing, pmh and medicines which were discussed with staff at a meeting and communicated to clinical staff through several written and electronic communication methods.

The also undertook an audit to ensure the criteria for two-week-wait referrals was being followed and that they were appropriate. The audit concluded that appropriate guidance was being followed.

## Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles.
- All staff were appropriately qualified and followed an induction programme when newly appointed.
- We saw copies of essential documentation for all head office staff and frontline staff, which were stored on the staff members personnel file. However, recruitment procedures for casual workers were informal as staff mostly already worked within Bolton GP practices. The service should assure itself that all necessary recruitment checks, such as DBS checks, are undertaken and/or documented, and not solely rely on information already collected by other primary care employers.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required which included at the location and from head office on-call staff.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Training was mostly supplied by the host employers and monitored by EPC.

# Are services effective?

- Staff received ongoing support including meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

## Coordinating care and treatment

Staff worked together and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for any further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support when required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- Patient appointments were arranged by their own GP and managed by EPC head office staff. There was a receptionist at each location to book the patient in and

out. EPC ensured that all available shifts were offered to clinicians and non-clinicians on a timely basis and the computerised system highlighted any gaps where staff had not been assigned.

## Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needed further, or different support EPC staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.



# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information.
- In total we received 109 comments cards about the EPC service and every one of them was positive. We received 19 comments cards for Waters Meeting and every one of those were positive. All patients responded positively about the staff, the location, the experience and the prompt service received. Many cards commented about the convenience of being able to be seen in the evening or at the weekend. Many cards commented specifically about being able to see a nurse if there was not one available at their own practice. We saw more than one comment about the convenience of being able to get a cervical screening appointment.

## **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them. Some patients also stated they preferred using this service, over their own GP service due to the quick access to appointments.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved, and longer appointments were available.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available if required. For patients with visual impairment, there were larger numbers displayed on doors. There were no hearing loops for patients with hearing difficulties and the service were looking to address this. Staff also knew how to obtain support from language line and/or interpreters.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff always respected confidentiality.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.
- Staff were trained in equality and diversity and customer care.

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. For example, throughout Bolton EPC service there were several different clinical systems being used. In order to ensure that patients' records could be accessed safely and securely clinics were organised according to the clinical system at their GP practice. This meant that clinics and patient appointments were not always equally proportioned but ensured that records were always accessible and reduced the chance of error.
- The provider engaged with commissioners to secure improvements to services where these were identified. For example, commissioners identified a high number of patients who were not attending their appointment (DNA's). The service audited this in detail and over the last five-six months had reduced DNA rates from 26% to 16%. They did this by:
  - Contacting patients to remind them of their appointments and provide directions to the sites.
  - Advising the patient's GP practice of any DNA and arranging to re-book.
  - Where possible telephoning patients who had not turned up and having a telephone discussion which was then recorded in the clinical notes.
  - Reporting persistent DNAs to the patient's GP for review.
  - More recently, asking administrators to check and report any child DNA's back to practice managers.
- Cervical screening was provided.
- MSK, mental health and social prescriber clinics were available once a week.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. For example, any requirements were made by the person booking the appointment and then highlighted to the EPC service via the appointment screens or separately in an email communication or over the telephone.

## Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The EPC service had analysed the needs of the local population and taken steps to respond to those needs. For example, they had identified high demand in requests to see the musculoskeletal (MSK) and mental health practitioners. For this reason, the EPC introduced MSK and mental health clinics on a rota basis at each of the locations. In addition, extra nurse appointments were introduced as some patients did not have access to a practice nurse at their practice.
- Patients were able to access care and treatment at a time to suit them. The service operated Monday to Friday 6.30pm until 9.30pm and Saturday and Sunday from 8am until 1pm. They were also open on bank holidays from 8am until 1pm. On average the service provided 450 appointments each week across three locations.
- Patients could access the service via their own GP practice. Access to appointments were booked by the patient's GP reception staff and then controlled and supported by the EPC service staff.
- The out-of-hours service (provided by BARDOC) was independent to the EPC service. Patients could access the out of hours service via NHS 111. The EPC service did not see walk-in patients.
- Patients were seen by appointment only. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need, but appointments were generally provided as an extension to services that could be accessed during normal GP practice hours. For example, routine appointments for the management of patients with long term conditions.
- Patient survey results showed that patients were extremely happy with the service. We received 109 comments cards from patients, and all were positive. In addition, the service undertook its own patient feedback surveys. The MSK, mental health practitioner and extra nurse appointments were introduced following patient feedback.
- Waiting times, delays and cancellations were minimal and well-managed.
- The appointment system was responsive and easy for patients, and feedback in comment cards confirmed this.

## Are services responsive to people's needs?

- Referrals and transfers to other services were undertaken in a timely way. For example, each evening bloods and samples were collected from each location by an EPC employee and transferred to Royal Bolton hospital.

### **Listening and learning from concerns and complaints**

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Formal written complaints and verbal complaints were monitored. We reviewed four complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to relevant parties. All complaints were discussed at formal meetings. Complainants were given an apology and explanation. If there were lessons to be learned or changes to be made, they were communicated to staff.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, when a patient complained about one of the clinicians, the clinical lead held a 1-to-1 meeting with the clinician to discuss the concerns and ensure they were addressed.

# Are services well-led?

**We rated the service as good for leadership.**

## **Leadership capacity and capability**

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- We saw there was a clear organisational structure to ensure both the clinical and organisational governance was met.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

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

- The extended primary care services were provided and managed by Bolton GP Federation which was made up of Bolton GP practices. Their mission was to be “stronger through working together” and to manage the challenges in primary care by offering a different way of service delivery in response to patients’ requirements.
- As well as providing routine appointments to patients in extended hours, they also supported Bolton practices by helping them to meet targets and demands in relation to cervical screening and regular health checks.
- Where appropriate they also took the pressure of emergency appointments.
- They had a clear set of values and a realistic strategy with supporting business plans to achieve priorities.
- They developed the strategy jointly with patients, staff and external partners.
- The strategy was in line with health priorities across the region.
- They monitored progress against delivery of the strategy.

## **Culture**

The service had a culture of high-quality sustainable care.

- Staff we spoke to said they felt respected, supported and valued and were proud to work for the service.
- We saw the service focused on the requirements of patients and introduced services where they were most needed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. For example, we saw systems had been amended or changed due to learning from incidents or complaints.
- There were processes for providing all staff with the development they need. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

# Are services well-led?

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. We saw that head office processes were clearly communicated to front line staff and this was reflected in the systems and processes we reviewed. However, management should assure themselves that this was the case for all staff at all locations, as there were areas of inconsistency.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted an interactive and co-ordinated person-centred approach.
- We saw folders at each location with procedural information for staff, but these were not well used in all locations. The managers should assure themselves that these folders were kept up to date and were available for all members of staff to ensure that procedures were adhered to and services were running smoothly and consistently at all locations.
- We saw communication was effective and we were told that managers were available to resolve any problems. Front line staff told us they felt supported.
- Most staff we spoke to were clear about their roles and accountabilities including in respect of safeguarding and infection prevention and control.

## Managing risks, issues and performance

- There were clear and effective processes for managing risks, issues and performance. Staff were aware of the process to identify and escalate any concerns.
- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints.
- Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at management level and shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, we saw several head office audits taking place on the quality of care and interactions provided.
- Business continuity plans were in place for any major incidents.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- There was an induction process for new clinical and non-clinical staff and staff were monitored and shadowed during their initial shifts until they felt comfortable to work on their own.
- There was guidance available to front line staff on how to access the various clinic IT systems and feedback any important information to the patient's GP as well as documenting information in the patient's clinical record.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had enough access to information.

# Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, patients were presented with a questionnaire on arrival and on leaving the service, to ensure their views were being captured.
- Staff were able to describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service.
- The provider took steps to promote the service with the general public. They held a full day event in June at Bolton Market Place, handing out leaflets and promotional material and talking to the general public about what services were offered and how they could be accessed. We were told the event was very successful and the EPC service has been asked by the Market Place to run regular events. The provider already has plans in place for the next event which is to have nursing staff undertaking health promotion including BMI and blood pressure checks. All data gathered will be sent back to the practices to input into their systems for QOF and Bolton quality contract targets.
- The service also made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
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This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
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