

Bolton Community Practice CIC

Quality Report

103 Chorley New Road
Horwich
Bolton
BL6 5QF

Tel: 01204 463444

Website: www.boltoncommunitypractice.nhs.uk

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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 Bolton Community Practice (Market Surgery Chorley New Road Horwich) on 3 March 2016. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The importance given to safeguarding at the practice demonstrates that the practice team were regularly reviewing their safeguarding systems and were taking innovative action to make sustained improvements to those systems to maximise the protection of children and vulnerable adults.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently and strongly positive.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- The practice had an effective overarching governance framework that supported the delivery of the strategy and good quality care.
- The management team had strived for continuous improvement and staff are accountable for delivering change.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We saw one area of outstanding practice:

Summary of findings

It was evident the practice clinical and managerial team had investigated and critically analysed the issues, identified lessons to be learnt and had discussed how improvements could be implemented with staff at the monthly clinical meetings. Importantly the practice had

co-operated and shared information with local social and health agencies to ensure the individual patient's safety issues were addressed and to disseminate the lessons learnt with practices in the wider Bolton area.

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.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement. The importance given to safeguarding at the practice demonstrates that the practice team were regularly reviewing their safeguarding systems and were taking innovative action to make sustained improvements to those systems to maximise the protection of children and vulnerable adults. A key feature of this was the use of significant safeguarding incidents and safeguarding case studies to supplement more formal safeguarding training.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a 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 easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice had gathered feedback from patients through the patient advisory group (PAG). This group is very well organized with a chair and deputy chair and patient representatives from all the GP locations provided by the organisation.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Information about safety was highly valued and was used to promote learning and improvement.
- The practice team had accessed training and advice in respect of becoming 'dementia friends' to improve how they respond to patients living with dementia and improve their access the services provided. We saw that action had been taken to improve signage and the environment at the practice to help these patients navigate their way through the practice.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

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

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The importance given to safeguarding at the practice demonstrates that the practice team were regularly reviewing their safeguarding systems and were taking innovative action to make sustained improvements to those systems to maximise the protection of children and vulnerable adults.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had made changes to the patient electronic records system to ensure data relating to recent laboratory results was simultaneously presented to clinicians alongside the medicines currently prescribed. This enabled and prompted clinicians to swiftly review the effectiveness of current treatment and make timely changes where required.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.

Good



Summary of findings

- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Action had been taken to remove barriers to register and access the services of the practice especially for vulnerable people. The practice team had taken into account the differing needs of people by planning and providing care and treatment services that were individualised and responsive to individual needs and circumstances.

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).

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96.6% of patients with schizophrenia or a bi-polar disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the last 12 months, which is higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice team had accessed training and advice in respect of becoming 'dementia friends' to improve how they respond to patients living with dementia and improve their access the services provided. We saw that action had been taken to improve signage and the environment at the practice to help these patients navigate their way through the practice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was mainly performing better or in line with local and national averages. There were 339 surveys sent out with 122 responses which represents a 36% completion rate, and is about 1% of the total practice population.

- 59% find it easy to get through to this surgery by phone compared with the national average of 73%.
- 91% find the receptionists at this surgery helpful compared with the national average of 87%.
- 66% were able to get an appointment to see or speak to someone the last time they tried compared the national average of 76%.
- 93% say the last appointment they got was convenient compared with the national average of 92%.
- 63% describe their experience of making an appointment as good compared with the national average of 73%.
- 54% feel they don't normally have to wait too long to be seen compared with the national average of 58%.

Over recent months action had been taken to improve patient access to the practice. For example;

Patients who are registered with the practice are welcome to attend any of the four locations in Bolton providing GP services that are managed by the provider; encourage continuity of care for on going conditions. The central reception service deal with calls across the practice, enabling the receptions at each site to focus on the patients attending surgery

- Daily face-to-face, telephone & home visiting GP appointments at each of the provider's registered locations; and a choice of male and female GP across the practice.
- Daily nurse/pharmacist led minor illness clinics and telephone advice service.
- Extended access services at one of the provider's registered locations providing clinics up to 7.30pm on weekdays and 12.30pm on Saturdays.
- Nurse/HCA visits for patients with long term conditions unable to attend surgery.
- Longer appointments with Language Line for those patients whose first language is not English.

We spoke with six patients who used the service prior to, on the day of or following of our inspection and reviewed 18 completed CQC comment cards. The patients we spoke with were very complimentary about the service and the care and treatment they received. Patients told us that all the practice team treated them respectfully and in a person-centred way. The comments on the cards provided by CQC were also very complimentary about the service provided and the access to that service. We noted that patients spoken with and written comments we received reflected improvements in accessing appointments over recent months.

Bolton Community Practice CIC

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 advisor.

Background to Bolton Community Practice CIC

Bolton Community Practice, Community Interest Company (CIC) is a Social Enterprise Organisation. There are four GP practices located across Bolton, managed by the organisation. The organisation also runs Bolton violent patient scheme (GP safe haven). A range of medical services and treatments are provided for people of all ages. This report relates to the location known locally as the Market Surgery practice situated on Chorley New Road in the Horwich area of Bolton. Patients registered with Bolton Community Practice CIC are able to access appointments, care and treatment at any of the five GP practices managed by the organisation. We were informed the patient population at the Chorley New Road Practice was 2224. The five locations of the organisation had a total of 11600 registered patients.

At the time of our inspection four salaried GPs (two male and two female) were providing primary medical services to patients registered at the practice. The GPs were supported in providing clinical services by one clinical pharmacist, one advanced nurse practitioner, one practice nurse, one health care assistant, one deputy manager and

three administrative staff. The practice also hosted a phlebotomy service provided by the local NHS Trust. Practice staff were also supported by the provider's central management team.

The opening times of the practice were 8am to 6pm Monday to Friday. GP appointments could be made on line or by telephoning the organisation's central call centre. Appointments could be made at the patient's local surgery or at one of the other four locations if more convenient. This enabled patients to access a wide range of early and late appointments (and Saturday morning appointments). The practice has opted out of providing out-of-hours services to their patients. In case of a medical emergency outside normal surgery hours advice was provided by the 111 service and Bury and Rochdale Doctors (BARDOC). The practice website and patient information leaflet available at the practice details how to access medical advice when the practice is closed. Patients are also provided with these details via a recorded message when they telephone the practice outside the usual opening times.

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

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned

Detailed findings

inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people

- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 3 March 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. One of the Provider's GPs is the nominated lead for serious incidents.

Staff of all grades told us how they inform their manager of any incidents and there was an alert form available on the practice's computer system to record this. There was a genuinely open culture in which all safety concerns raised by staff and people who use services are highly valued as integral to learning and improvement.

- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example as well as discussing significant events with staff, they were discussed with people outside the practice so that ideas for improvement could be shared. We looked at a very detailed documentation relating to a recent significant event that involved protecting a particularly vulnerable patient. It was evident the practice clinical and managerial team had investigated and critically analysed the issues, identified lessons to be learnt and had discussed how improvements could be implemented with staff at the monthly clinical meetings. Importantly the practice had co-operated and shared information with local social and health agencies to ensure the individual patient's safety issues were addressed and to disseminate the lessons learnt with practices in the wider Bolton area. This example demonstrates a clear commitment to taking incidents seriously, learn from them and take appropriate prompt action to minimise risk to patients.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and a deputy lead. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 (as was the deputy lead). All other staff at the practice had received safeguarding training at the appropriate level. This was supplemented by regular discussion/safeguarding training provided by the practice safeguarding leads at the monthly clinical meetings. A key feature of this was the use of significant safeguarding incidents and safeguarding case studies to supplement more formal safeguarding training. Practice staff had also completed a training programme related to domestic violence to consolidate their safeguarding systems and had established close links with the local safeguarding agency to ensure their systems continue to be keep people safe and are up to date. The staff we spoke with (of all grades clearly understood the importance of safeguarding their patients and described how they would promptly escalate any safeguarding concerns they came across. The importance given to safeguarding at the practice demonstrates that the practice team regularly reviewed their safeguarding systems and were taking innovative action to make sustained improvements to those systems to maximise the protection of children and vulnerable adults.
- Notices in the waiting room and throughout the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The advanced nurse practitioner was the infection control clinical lead who liaised with the

Are services safe?

local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing (including repeat prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the practice pharmacist to closely analyse and ensure prescribing was in line with best practice guidelines for safe prescribing. All prescriptions were generated electronically. The advanced nurse practitioner and practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. All medicines safety alerts were promptly screened, reviewed and where relevant actioned by the practice pharmacist and the clinical team and we looked at two recent examples of how this was managed.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The two GPs, pharmacist, advanced nurse practitioner and practice nurse we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We looked at the minutes of regular clinical and practice meetings where new guidelines and the implications for the practice's performance and patients were discussed and any required actions agreed. The staff we spoke with and the evidence we looked at confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them.

Our discussions with the clinical staff and looking at how information was recorded and reviewed, demonstrated that systems were operating to ensure patients were being effectively assessed, diagnosed, treated and supported.

Management, monitoring and improving outcomes for people

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

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or as part of the practice's engagement with local audits. It was evident from the discussions we had with the clinical staff that clinical audit was an important feature of clinical practice and documentation relating to a number of such projects was seen relating to medicines prescribed for certain medical conditions. The three examples we looked at in detail clearly demonstrated how clinical audits had identified areas where the management of patients' medical conditions could be significantly improved. For example the practice had made changes to the patient electronic records system to ensure data relating to recent laboratory results was simultaneously presented to clinicians

alongside the medicines currently prescribed. This enabled and prompted clinicians to swiftly review the effectiveness of current treatment and make timely changes where required.

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

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

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, information governance, infection control, manual handling, equality and diversity and mental capacity awareness. Staff had access to and made use of e-learning training modules and face to face training. Staff were given protected time for training.
- We were informed the practice had ceased to use locum GPs some 18 months prior to the inspection as a result of a staffing review and being able to fill any GP vacancies that occurred.

Are services effective?

(for example, treatment is effective)

- To mitigate against the potential dangers of working in isolation the practice team worked very closely with the four other practices and the provider's central management team.

Coordinating patient care and information sharing

Systems were in place to ensure patients were able to access treatment and care from other health and social care providers where necessary. This included patients who had complex needs or had been diagnosed with a long term condition. There were clear mechanisms to make such referrals promptly and this ensured patients received effective, co-ordinated and integrated care. We saw referrals were assessed as being urgent or routine. Patients we spoke with, or received written comments from, said that if they needed to be referred to other health service providers this was discussed fully with them and they were provided with enough information to make an informed choice.

We saw clinicians at the practice followed a multidisciplinary approach in the care and treatment of their patients. This approach included regular meetings with other health care professionals to plan and co-ordinate the care of patients. For example gold standard framework meetings were held regularly to discuss the palliative needs of patient's nearing the end of their life. There was also a co-ordinated approach to communicating and liaising with the provider of the GP out of hour's service. In particular the practice provided detailed clinical information to the out of hour's service about patients with complex healthcare needs. Also all patient contacts with the out of hour's provider were reviewed by a GP the next working day.

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

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a

patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

All new patients, including children, were provided with appointments to establish their medical history and current health status. This enabled the practice clinicians to quickly identify who required extra support such as patients at risk of developing, or who already had, an existing long term condition such as diabetes, high blood pressure or asthma.

Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. A wide range of health promotion information was available and accessible to patients particularly in the patient waiting area of the practice. This was supplemented by advice and support from the clinical team at the practice. Health promotion services provided by the practice included smoking cessation and weight management.

The practice had arrangements in place to provide and monitor an immunisation and vaccination service to patients. For example we saw that childhood immunisation and influenza vaccinations were provided. Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages.

Flu vaccination rates for the over 65s were above the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice operated a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79% (the national average being 81%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

The provision of health promotion advice was also an integral part of each consultation between clinician and patient. Patients were also enabled to access appropriate health assessments and checks. A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions are identified. This included sending

appointments for patients to attend reviews on a regular basis. When patients did not attend, this was followed up to determine the reason and provide an alternative appointment.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 6 patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the latest national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was mainly comparable or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 88%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.2%).
- 99% had confidence and trust in the last nurse they saw or spoke to (CCG average 97%, national average 97%).
- 91% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

The practice was aware of the findings of the GP survey. They used the findings (as well as the findings of their own surveys and feedback from the patient advisory group (PAG) in developing actions to improve ratings where they were below the CCG and national average.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the latest national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care (national average 82%)
- 83% said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

There was a person centred culture where the practice team worked in partnership with patients and their families. This included consideration of the emotional and social impact patient care and treatment may have on them and those close to them. The practice had taken proactive action to identify, involve and support patient's carers. The practice waiting area contained prominently

Are services caring?

displayed information about carers and patients are invited to self-refer to the practice with regard to their caring

responsibilities. A wide range of information about how to access support groups and self-help organisations was available and accessible to patients from the practice clinicians and in the reception area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had planned and implemented a service that was responsive to the needs of the local patient population. The practice actively engaged with commissioners of services, local authorities, other providers, patients and those close to them to support the provision of coordinated and integrated care and treatment to ensure that patient's needs were appropriately met. The GPs and members of the provider's central management team regularly attend meetings with Bolton CCG and subsequently update colleagues at the practice at the regular clinical and practice meetings.

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

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

We saw the practice carried out regular checks on how it was responding to patients' medical needs. This activity analysis was shared with Bolton CCG and formed a part of the Quality and Outcomes Framework monitoring (QOF). It also assisted the practice to check that all relevant patients had been called in for a review of their health conditions and for completion of medication reviews. The practice had achieved a QOF score of 98% in the last 12 months. More recently the practice had participated in the Bolton quality contract which includes best care indicators. These

indicators identify the need for enhanced care to ensure that the best patient care and management is available for patients in this population group. This includes more frequent reviews for patients.

Processes were in place to identify when people's needs were potentially not being met and informed how services at the practice were developed and planned. A variety of information was used to achieve this. For example profiles of the local prevalence of particular diseases, the level of social deprivation and the age distribution of the population provided key information in planning services. Significant events analysis, individual complaints, survey results and clinical audits were also used to identify when patient's needs were not being met. This information was then used to inform how services were planned and developed at the practice.

The practice had a reception and patient waiting areas and a four consultation rooms. Two of these rooms were situated on the first floor of the practice. As there was no passenger lift this meant that patients with a disability could only access the consulting rooms on the ground floor. However patients were always asked if they were able to access the first floor – if not they were accommodated on the ground floor. There were also facilities to support the administrative needs of the practice.

Tackling inequity and promoting equality

Action had been taken to remove barriers to register and access the services of the practice especially for vulnerable people. The practice team had taken into account the differing needs of people by planning and providing care and treatment services that were individualised and responsive to individual needs and circumstances. This included having systems in place to ensure patients with complex needs were enabled to access appropriate care and treatment such as patients with a learning disability or dementia. The practice team had recently accessed training and advice in respect of becoming 'dementia friends' to improve how they respond to patients living with dementia and improve their access the services provided. We saw that action had been taken to improve signage and the environment at the practice to help these patients navigate their way through the practice.

Access to the service

Bolton Community Practice, Community Interest Company (CIC) is a Social Enterprise Organisation. There are four GP

Are services responsive to people's needs?

(for example, to feedback?)

practices located across Bolton, managed by the organisation. The organisation also runs Bolton violent patient scheme (GP safe haven). A range of medical services and treatments are provided for people of all ages. This report relates to the location known locally as the Market Surgery practice situated on Chorley New Road in the Horwich area of Bolton. Patients registered with Bolton Community Practice CIC are able to access appointments, care and treatment at any of the four GP practices managed by the organisation. We were informed the patient population at the Chorley New Road Practice was 2224. The four locations of the organisation had a total of 11600 registered.

We spoke with 6 patients who used the service and reviewed 18 completed CQC comment cards. We spoke with people from various age groups and with people who had different health care needs. Patients we spoke with or received written comments from expressed satisfaction about being able to get through to the practice on the telephone in the mornings and securing an appointment to see a clinician. There was a system of same day and pre-bookable appointments. All children under 12 years of age were seen on the same day. Longer appointments were provided where required for example if interpreter services were required or more time was needed to explore particular issues. Patients were also able to book appointments (and order repeat prescriptions) online and access telephone consultations with clinicians.

The results of the January 2016 GP survey reflected 76% of respondents were satisfied with the surgery's opening hours. 59% of the respondents found it easy to get through to the practice by phone. 80% said the last GP they saw or spoke to was good at giving them enough time. 91% of respondents found the receptionists at the practice helpful. Also 93% said the last appointment they got was convenient and 63% described their experience of making an appointment as good. 63% said they would recommend this surgery to someone new to the area. Over recent months action had been taken to improve patient access to the practice. For example;

Patients who are registered with the practice are welcome to attend any of the four locations in Bolton providing GP services that are managed by the provider; encourage

continuity of care for on going conditions. Central reception service who deal with calls across the practice, enabling the receptions at each site to focus on the patients attending surgery

- Daily face-to-face, telephone & home visiting GP appointments at each of the provider's registered locations; and a choice of male and female GP across the practice.
- Daily nurse/pharmacist led minor illness clinics and telephone advice service.
- Extended access services at one of the provider's registered locations providing clinics up to 7.30pm on weekdays and 12.30pm on Saturdays.
- Nurse/HCA visits for patients with long term conditions unable to attend surgery.
- Longer appointments with Language Line for those patients whose first language is not English.

The opening times of the Horwich practice were 8am to 6pm Monday to Friday. GP appointment could be made on line or by telephoning the organisation's central call centre. Appointments could be made at the patient's local surgery or at one of the other four locations if more convenient. This enabled patients to access a wide range of early and late appointments (and Saturday morning appointments). The practice has opted out of providing out-of-hours services to their patients. In case of a medical emergency outside normal surgery hours advice was provided by the 111 service and Bury and Rochdale Doctors (BARDOC). The practice website and patient information leaflet available at the practice details how to access medical advice when the practice is closed. Patients are also provided with these details via a recorded message when they telephone the practice outside the usual opening times.

Listening and learning from concerns and complaints

The practice had a process in place for handling complaints and concerns. The 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.

Are services responsive to people's needs? (for example, to feedback?)

We saw that information was available to help patients understand the complaints system. This included notices and a complaints information in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written complaints. We looked at all complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was a culture of openness and transparency by the practice when dealing with the complaint.

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

Bolton Community Practice Community Interest Company is a Social Enterprise Organisation formed from five small practices coming together in 2011. The organization has four locations delivering GP services across the Borough of Bolton, facilitated by a fully integrated information technology system and clinical & non-clinical workforce.

The vision and strategy of the practice was driven by the organisation's aims and values. These were underpinned by clearly expressed objectives and business planning that prioritised quality in the provision of services to patients and support to staff. We saw evidence that the practice had achieved a bronze 'Investors In People' award in. All the managerial, clinical and non-clinical staff we spoke with had a clear understanding of the vision and values of the practice and felt they had been involved in their development and ongoing review by being regularly consulted about them.

Governance arrangements

The practice had an effective overarching governance framework that supported the delivery of the strategy and good quality care. To ensure the governance arrangements are rigorous and effective the organisation has developed a management structure comprised of a board, a patient advisory group (PAG), a staff advisory group, a clinical advisory group, a performance group (providing monitoring and oversight of performance and a central management operational group (comprised of senior clinicians and administrative staff). The management structure described fulfilled management, support, advice, and oversight functions to the management, clinical and administration team at practice level. Discussion with a range of members of the management structure, members of the PAG and staff and examination of records and audits demonstrated that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. A programme of continuous clinical and internal audit which was used to

monitor quality and to make improvements. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. It was evident from the discussions we had with the clinical staff that clinical audit was an important feature of clinical practice and documentation relating to a number of such projects was seen relating to medicines prescribed for certain medical conditions. The three examples we looked at in detail clearly demonstrated how clinical audits had identified areas where the management of patients' medical conditions could be significantly improved. For example the practice had made changes to the patient electronic records system to ensure data relating to recent laboratory results was simultaneously presented to clinicians alongside the medicines currently prescribed. This enabled and prompted clinicians to swiftly review the effectiveness of current treatment and make timely changes where required.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. In particular the priority given to significant events and safeguarding and the systems embedded to manage, monitor and review them sought to maximise the protection and safety of patients.

Leadership and culture

The central and practice management team had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The management team were highly visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty. Candour, openness, honesty and transparency and challenges to poor practice were the norm.

When there were unexpected or unintended safety incidents:

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

Are services well-led?

Good 

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

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

- All grades of staff told us the practice held regular meetings. A wide range of minuted clinical, practice and staff engagement meetings were regularly held to support staff and enable them to fully contribute to the vision and governance systems employed at the practice. We looked at a wide sample of the minutes from these meetings. They reflected that staff were engaged and supported by the practice to fulfil their role and participate fully in the life of the practice.
- 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 in doing so and felt supported if they did. We noted practice away days were held every six months. Staff clearly valued these and said they felt respected, valued and supported, particularly by the management team.

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

Rigorous and constructive challenge from people who use services, the public and

stakeholders is welcomed and seen as a vital way of holding services to account.

- The practice had gathered feedback from patients through the patient advisory group (PAG). This group is very well organised with a chair and deputy chair and patient representatives from all the GP locations provided by the organisation. We spoke with the chair and a representative of the Horwich location prior to our inspection visit. They described to us an organisation that welcomed and encouraged rigorous and constructive challenge. They confirmed that;
- The PAG meets every two months with representation from across all locations.

- Feedback from patients is discussed and reflected on.
- Proposed changes at the practice are discussed and feedback acted on.
- The PAG supports the implementation of new or changed services and service improvements.
- The deputy chair supports the development of the website and social media accounts and provides training to potential 'silver surfers.'
- The practice had gathered feedback from staff through Regular staff surveys, staff away days and 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.

Continuous improvement

The management team had strived for continuous improvement and staff are accountable for delivering change. Safe innovation is celebrated. There is a clear proactive approach to seeking

out and embedding new ways of providing care and treatment. In particular the practice has been successful in achieving support for new premises with £6.8million Primary Care Infrastructure funding. They are currently leading the development on behalf of three Horwich GP surgeries and working in close collaboration with Bolton Council and Royal Bolton Foundation Trust Community Services. The development is due to be operational in 2018 and will include integrated health, social care and leisure services on one site. This demonstrated that the practice was collaborating closely with other stakeholders to develop an aligned new model of care to meet the future needs of the local population.