

Halliwell Surgery 3

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

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 Halliwell 3 Surgery on 20 September 2016. Overall the practice is rated as good.

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

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

- The practice was "Domestic Violence Aware". Staff were trained in domestic violence awareness.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients with dementia were invited for an annual health check. The assistant practitioner was trained in Contemporary Approaches to Dementia Care to further support patients with this diagnosis.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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 effective services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- 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.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.

Good



Are services well-led?

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

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

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The Assistant Practitioner was responsible for managing annual health checks for older patients. They ensured patients received an invitation to the practice and would visit them in their homes if they were housebound and had issues with mobility. At the health check, a care plan was developed to ensure patients' needs were identified and could be monitored and reviewed at future appointments.
- The assistant practitioner had also completed training in Contemporary Approaches to Dementia Care in addition to their degree in health care. This course had developed their role in caring and managing standards for patients at risk of and with dementia.
- All patients aged 75 and over with a frailty index of 5, 6 or 7 were discussed in a multi-disciplinary team meeting to check suitability to refer to the Integrated Neighbourhood Team.
- The building had automated doors fitted at the front entrance as part of the recent refurbishment programme.
- All over patients aged 75 and over had a named GP.
- All patients were offered the influenza and pneumococcal vaccination. The practice nurse visited those that were housebound and also visited patients living in a warden controlled accommodation so they could have their flu vaccination in the community room.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 97% of patients with diabetes, on the practice register, had and influenza immunisation in the preceding 1 August to 31 March compared to the CCG and national average of 94%.

Summary of findings

- 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.
- All patients with long term conditions were invited annually to have a health check, specific to their condition with the nursing staff.
- The practice worked closely with the Integrated Neighbourhood Team to manage those patients who required support in managing their long term condition.
- Patients at risk of hospital admission had an alert on their electronic record which highlighted to the reception staff that the patient may require a same day telephone consultation if they were unwell.
- Influenza and pneumococcal vaccination were offered to all eligible patients.

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.
- 77% of women aged 25-64 had a cervical screening test been performed in the preceding 5 years compared to the CCG and national average of 82%.
- 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 practice manager met regularly with the health visitor to discuss any families and children at risk.
- There was a dedicated member of staff responsible for the childhood vaccination programme. They were proactive in contacting the parents of children who had not received the necessary immunisations and liaised with the health visiting team when necessary.

Good



Summary of findings

- The practice was “Domestic Violence Aware”. Staff had been trained in domestic violence awareness by Bolton IRIS (Identification & Referral to Improve Safety) and had referred patients with young families into this service.
- Children aged 12 and under with an urgent medical condition were offered a same day appointment and those aged over 12 were offered a same day telephone consultation, which may result in an appointment that same day.
- Staff were trained safeguarding procedures and policies were available to all staff.

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 nurses and assistant practitioner clinics ran between 8.30am and 6.00pm. However there was some flexibility if a patient needed a later appointment due to work commitments.
- Routine pre-bookable appointments were available up to eight weeks in advance. The extended hour appointments were all pre-bookable.
- Invitations were sent to all patients eligible for an NHS health check. Staff worked with the health trainer service that ran clinics at the practice and also held events solely for NHS health checks. Reminders were set on patients’ records for those due a NHS health check to prompt staff to arrange.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- All staff had completed safeguarding training and safeguarding policies were available to staff.
- Double appointments were given to patients who could not speak English so that language line could be used. The practice website also had a translate function.
- Patients who were deaf, blind or unable to read had alerts added to their electronic records so staff knew they may need additional or different support.
- Bolton Integrated Drug & Alcohol Service (BIDAS) ran a clinic every two weeks for patients who preferred initially meet at the practice.
- The practice was “Domestic Violence Aware” which meant staff worked closely with IRIS. Referrals had been made to this service so patients’ received the specialist support they needed.
- Patients with a learning disability and register with the practice were invited to attend an annual health check. Staff used adapted materials to communicate with these patients.
- There was a carers' register. These patients were invited for annual health checks, offered influenza vaccinations and were signposted to Bolton Carers Support group.

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).

- 88% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 86% and the national average of 84%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months. This was compared to the CCG average of 90% and the national average of 88%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- All patients on the mental health register were invited for an annual health check and where necessary staff liaised with carers to ensure patients attended these appointments.
- Patients with dementia were invited for an annual health check. The assistant practitioner was trained in Contemporary Approaches to Dementia Care. This course had developed their role in caring and managing standards for patients at risk of and with dementia.
- The practice carried out the 6-CIT tests , where appropriate, on patients at risk of dementia i.e. patients over 60 with chronic heart disease, stroke patients, patients aged over 50 years with a learning disability and patients with long term neurological conditions. The test was carried out where patients, carers and clinicians were concerned about the patient's memory function.
- The assistant practitioner carried out an initial dementia assessment on all patients aged 75 and over.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. 382 survey forms were distributed and 122 were returned. This represented 3% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Patients commented the staff were polite and compassionate and they received an excellent service. GPs were described as pleasant, attentive and thorough. Patients commented the environment was clean, tidy and safe. Patients said they were always treated with respect and staff went out of their way to be helpful. One patient commented their family had been registered with the practice for many years and they received an excellent service. Another patient commented they had received good support and education in relation to changes to their health care needs. Four patients commented they found it difficult to book an appointment. One patient commented they found it difficult to book an appointment with their usual GP.

Halliwell Surgery 3

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Halliwell Surgery 3

Halliwell 3 Surgery, Lindfield Drive, Halliwell, Bolton, Lancashire BL1 3RG is part of the NHS Bolton Clinical Commissioning Group. The practice is set in one wing of a single storey building. There are car park facilities including two disabled bays and a pharmacy within the grounds of the parking area. There are no steps leading to the building with automatic doors at the main entrance. There are three GPs working at the practice. Two are male (lead partner and partner) and one is female (partner). They work between five and seven sessions per week.

There are three practice nurses and an assistant practitioner (all female). The practice shares a phlebotomy service with three other practices located in the building. The phlebotomist is female and works part time.

There is a practice manager and a team of administration / reception staff and a practice secretary. There is also a traineeship which is the first step towards an apprenticeship.

The practice is training and teaching practice (Teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8am and 12

noon and 1pm and 5.30pm (not including emergency appointments). Extended hours are; Monday 6.30pm to 7.10pm, Tuesday and Wednesday 6.30pm to 7.30pm and Thursday 6.30pm to 6.50pm

In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. Appointments could be booked on line and telephone consultations were available.

The practice is part of the Bolton GP federation which provides the extended working hour's scheme. This means patients can access a designated GP service in the Bolton area from 9am to 1pm on Saturdays, Sundays and bank holidays. When booking an appointment for the weekend or bank holiday, patients are given a choice of two locations, one being The Halliwell Surgery and the other being Deane Medical Centre.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 September 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager and nursing / clinical staff.
- Reviewed policies, audits, personnel records and other documents relating to the running of the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and there was evidence of learning among the staff team.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety

Are services safe?

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 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. This was compared to the CCG and national average of 95%.

The exception reporting rate was 10.2%. This compared to the CCG average of 7.8% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Exception reporting was significantly higher than the CCG or national averages in asthma and cancer. Exception reporting for cancer was 30% compared to the CCG average of 16% and the national average of 15%. Exception reporting for asthma was 25% compared to the CCG average of 6% and the national average of 7%. We were informed the exception reporting was higher than local and national averages due to the high level of deprivation and associated medical conditions in the patient population group.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from October 2015 showed:

- Performance for diabetes related indicators was similar to the national average. 94% of patients on the diabetes register had a foot examination and risk classification within the preceding compared to the CCG and national average of 88%.
- Performance for mental health related indicators was similar to the national average. 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months. This was compared to the CCG average of 91% and the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been ongoing clinical audits completed in the last two years, most of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit in the appropriate use of specific medicines in the management of the acute sore throat had improved patient treatment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- There was a staff recruitment policy to ensure suitably qualified and experience people were employed.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and drug and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 63%, which was comparable to the CCG and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0% to 96% and five year olds from 85% to 98%.

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

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 35 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. Patients commented the environment was clean, tidy and safe. One patient commented their family had been registered with the practice for many years and they received an excellent service. Another patient commented they had received good support and education in relation to changes to their health care needs.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive. They also told us they felt listened to and supported by staff and had sufficient time during consultations. Patients commented the staff were polite and compassionate and they received an excellent service. GPs were described as pleasant, attentive and thorough. Patients commented the environment was clean, tidy and safe. Patients said they were always treated with respect and staff went out of their way to be helpful. One patient commented their family had been registered with the practice for many years and they received an excellent service. Another patient commented they had received good support and education in relation to changes to their health care needs.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available although not in different languages.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 96 patients as

carers (2.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were offered an annual health check to ensure their ongoing good health.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services were available.
- The building had automated doors fitted the front entrance as part of the recent refurbishment programme.
- Bolton Integrated Drug & Alcohol Service (BIDAS) ran a clinic every two weeks for patients who preferred initially meet at the practice.
- The practice offered late appointments Monday to Thursday for working patients who could

not attend during normal opening hours.

- The practice worked within the Gold Standard Framework to support patients needing palliative care.
- Staff were proactive in finding out patients preferred communication methods and finding ways to support them while at the practice.
- Staff were trained in domestic violence awareness so were sensitive to patients' care needs in relation to this issue.
- Health care trainers ran a regular clinic at the practice to support patients live and maintain a healthy lifestyle.
- Emergency clinics were offered three days a week although patients could also access appointments outside these times.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available between 8am and 12 noon and 1pm and 5.30pm (not including emergency appointments). Extended hours were; Monday 6.30pm to 7.10pm, Tuesday and Wednesday 6.30pm to 7.30pm and Thursday 6.30pm to 6.50pm

The practice was part of the Bolton GP federation which provides the extended working hour's scheme. This meant patients could access a designated GP service in the Bolton area from 9am to 1pm on Saturdays, Sundays and bank holidays. When booking an appointment for the weekend or bank holiday, patients were given a choice of two locations, one being The Halliwell Surgery and the other being Deane Medical Centre.

In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. Appointments could be booked on line and telephone consultations were available.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 67% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%. In response to this low data we were informed that more telephone consultations and on the day appointments were now available.

Four of the 35 CQC comment cards we received commented they found it difficult to book an appointment. One patient commented they found it difficult to book an appointment see their usual GP.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. For example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the

Are services responsive to people's needs?

(for example, to feedback?)

patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a poster and summary leaflet was available in the patient waiting area. This information was only in English.

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

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice aimed 'to provide the best possible care and quality of service for patients and provide a confidential and safe environment through effective collaboration and teamwork.' This was evidenced through patient response to care and treatments they received and in the data held about the practice which demonstrated they scored well in relation to the patient group they supported who often presented with complex health problems.

Staff focussed on providing a service that was at the heart of the community that supported patients and their families. Staff spoken with were clear on the practice vision and values and demonstrate how they incorporated these values in their work.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. Results from June, July and August 2016 indicated that most patients were extremely likely to recommend this practice to friends and family.

There was a virtual patient participation group (PPG). Members did not meet but were sent information about the development of the practice and quality assurance surveys for their views of the services provided. The response rate to the quality assurance surveys was low and the practice manager was looking at how the group could be developed.

Are services well-led?

Good 

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

The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking to improve outcomes for patients in the area.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The assistant practitioner was attending training to develop their role as carers' champion.
- GPs were involved in developing the use of dictation software.
- Distance working and video consultation were being looked at for the future development of the service.
- One of the GPs was training to be a GP trainer.