

Spring House Surgery

Quality Report

555 Chorley Old Road
Bolton
Lancashire
BL1 6AF

Tel: 01204 848411

Website: www.springhousesurgery.nhs.uk

Date of inspection visit: 9 December 2014

Date of publication: 05/02/2015

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Spring House Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Spring House Surgery on 9 December 2014. We found that the practice was rated as good overall.

Our key findings were as follows:

- The practice is rated as good for safe. Staff understood their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. There were enough staff to keep people safe.
- The practice is rated as good for effective. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included the promotion of good health. Staff had received

training appropriate to their roles and further training needs were identified and planned. The practice had an effective appraisal system in place for all staff. Multidisciplinary working was evidenced.

- The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.
- The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and the GPs and 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 an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.

Summary of findings

- The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had a very active

patient forum, several members of whom took time to speak with the inspection team. Staff had received inductions, regular performance reviews and attended staff meetings.

However there were areas of practice where:

The provider should:

- Minutes of meetings were not recorded in a consistent manner.

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 safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. The practice provided opportunities for the staff team to learn from significant events and was committed to providing a safe service. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice assessed risks to patients and managed these well.

Good



Are services effective?

The practice is rated as good for effective. Patients' care and treatment took account of National Institute for Health and Care Excellence (NICE) and local guidelines. Patients' needs were assessed and care was planned and delivered in line with current legislation. The practice was proactive in the care and treatment provided for patients with long term conditions such as asthma and diabetes and regularly audited areas of clinical practice. There was evidence that the practice worked in partnership with other health professionals. Staff received training appropriate to their roles and the practice supported and encouraged their continued learning and development.

Good



Are services caring?

The practice is rated as good for caring. Patients told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect and were aware of the importance of confidentiality. The practice provided advice, support and information to patients, particularly those with long term conditions, and to families following bereavement.

Good



Are services responsive to people's needs?

The practice is rated as good for responsive. The practice was aware of the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these are identified. Patients reported good access to the practice and said that urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

needs. There was a clear complaints system with evidence demonstrating that the practice responded quickly to issues raised. The practice had a positive approach to using complaints and concerns to improve the quality of the service.

Are services well-led?

The practice is rated as good for well-led. The practice had an open and supportive leadership and a clear vision to continue to improve the service they provided. There was a clear leadership structure and staff felt supported by management. The practice had well organised management systems and met regularly with staff to review all aspects of the delivery of care and the management of the practice. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this was acted upon. The practice had a developing patient participation group (PPG). There was evidence that the practice had a culture of learning, development and improvement.

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 was knowledgeable about health needs of older patients. They had information on patients' health conditions, carers' information and whether patients needed home visits. This information was used to provide services in the most appropriate way and time sensitive manner. Staff were also able to recognise signs of abuse in older people and knew how to refer these concerns.

We found the practice worked well with other agencies and health providers to provide support and access specialist help when needed. We found that treatment and care was delivered in line with the patient's needs and circumstances, including their personal expectations, values and choices.

Where older people had complex needs then special patient notes or summary care records were shared with local care services including the out of hours provision. End of life care information was shared with other local services.

Good



People with long term conditions

The practice was knowledgeable about the health needs of patients with long term conditions. They worked with other health services and agencies to provide appropriate support.

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed. The practice team ensured that patients with long term conditions were regularly reviewed by practice staff and their care was coordinated with other healthcare professionals when needed.

Good



Families, children and young people

The practice provided services to meet the needs of this population group. There were comprehensive screening and vaccination programmes which were managed effectively to support patients. A variety of services and clinics were in place to ensure that the diverse and specialist needs of this population group were being met.

Staff were knowledgeable about child protection and a GP took the lead for safeguarding. For children and young people Gillick assessments were completed. The practice also had appointments available for children and young people out of regular school hours.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the population group of the working-age people including those recently retired. The needs of the working age population and those recently retired had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offer continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities. The practice had offered annual health checks for people with learning disabilities and sent out letters for this in an easy read format. The practice offered longer appointments for people with learning disabilities if required.

Good



People experiencing poor mental health (including people with dementia)

GPs worked with other services to review and share care with specialist teams. During our inspection we did not encounter any barriers to access for this population group. There were systems in place to enable timely and appropriate referrals to be made to mental health services for patients if needed.

Health promotion advice and information was available to this population group which included information about MIND, a mental health charity.

Staff had an understanding of the mental capacity act and there was a GP named as the lead for mental ill health in the practice.

Good



Summary of findings

What people who use the service say

We spoke with 12 patients who used the service on the day of our inspection and reviewed 33 completed CQC comment cards. The patients we spoke with were complimentary about the service. Patients told us that they found the staff to be extremely person-centred and felt they were treated with respect. The comments on the cards provided by CQC were also very complimentary about the service provided.

National GP survey results published in July 2014 indicated that the practice was best in the following areas:

- 87% of respondents usually wait 15 minutes or less after their appointment time to be seen, CCG (regional) average: 70%
- 97% of respondents say the last nurse they saw or spoke to was good at giving them enough time, CCG (regional) average: 81%

- 95% of respondents say the last nurse they saw or spoke to was good at listening to them, CCG (regional) average: 80%

The national GP survey results published in July 2014 indicated that the practice could improve in the following areas:

- 75% of respondents are satisfied with the surgery's opening hours, CCG (regional) average: 79%
- 88% of respondents find the receptionists at this surgery helpful, CCG (regional) average: 88%
- 89% of respondents say the last GP they saw or spoke to was good at giving them enough time, CCG (regional) average: 87%

There were 304 surveys sent out, 116 returned giving a completion rate of 38%.

Areas for improvement

Action the service **SHOULD** take to improve

Minutes of meetings were not recorded in a consistent manner.

Spring House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Inspector accompanied by two specialist advisers, a GP and a practice manager, and an expert by experience who is a member of the public trained by the CQC.

Background to Spring House Surgery

Spring House Surgery has over 7,500 patients registered and is part of Bolton Clinical Commissioning Group (CCG). There are five GPs, a nurse practitioner and two practice nurses, a healthcare assistant and a phlebotomist. There is also a practice manager supported by an administration, secretarial, data quality and reception team.

The practice delivers commissioned services under the Personal Medical Services (PMS) contract.

The practice offers a range of services for its patient population. Spring House Surgery is registered with the CQC as a provider of primary medical services. One of the GPs is legally responsible for making sure the practice meets CQC requirements as the registered manager.

The Surgery is open as follows:

- Monday 08:30 – 13:00 14:00 – 19:00
- Tuesday 08:30 – 13:00 14:00 – 19:00
- Wednesday 08:30 – 13:00 14:00 – 18:30
- Thursday 08:30 – 13:00 14:00 – 19:00
- Friday 08:30 – 13:00 14:00 – 18:30

There is an on call rota for Saturdays which is covered by Spring House Surgery and a neighbouring practice.

Patients can book appointments in person or via the phone and online. Emergency appointments are available each day. There is an out of hours service available provided by Bolton NHS Foundation Trust.

Information from the General Practice Outcome Standards (GPOS), Quality Outcomes Framework (QOF) and Bolton Clinical Commissioning Group (CCG) information showed the practice rated as an achieving practice.

Why we carried out this inspection

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

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

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.

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?

Detailed findings

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

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

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

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. We also reviewed

information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also reviewed further information on the day of the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas. We carried out an announced inspection on 9 December 2014.

During our visit we spoke with a range of staff, including the GPs, nursing and administrative staff and spoke with 12 patients who used the service, six of whom were part of the practice patient forum. We also reviewed information from the completed CQC comment cards. We observed how people were being cared for and talked with carers and/or family members.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. This included reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident and accident reports and saw evidence that these were reviewed and that action was taken when necessary. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred and we were able to review these.

We saw that incidents and all details of investigations were recorded. All learning points were also documented and included discussions with the patient at the centre of the incident, reviews of medication, and sharing of information internally with clinical and non-clinical staff, were appropriate, and externally with the Bolton Clinical Commissioning Group (CCG). As a matter of routine all serious adverse events were forwarded to the CCG to act as a shared learning experience within the Bolton Borough to avoid similar situations occurring in other practices.

We looked at the systems to manage and monitor incidents. We saw records were completed in a comprehensive and timely manner. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

National patient safety alerts were disseminated by the practice manager via email to practice staff. These are alerts issued to healthcare staff on patient safety issues that require urgent attention and/or action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked

at training records which showed that staff had received relevant role specific training on safeguarding. The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children. They had been trained to level 3 safeguarding vulnerable adults and children. We asked members of medical, nursing and administrative staff about their training. Staff were aware who the lead was and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew what to do if they encountered safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details for local authority safeguarding personnel were available in the reception area and accessible to all staff.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example if a child was subject to a child protection plan.

There was a chaperone policy. Nursing staff, including health care assistants, had been trained to be a chaperone. If nursing staff were not available to act as a chaperone, receptionists undertook this role and had also undertaken training. The staff we spoke with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for maintenance of the cold chain and action to take in the event of a potential failure. We also saw that the temperature of the fridges, used specifically for the storage of medicines and vaccines, were regularly checked and recorded. Cold chain protocols were strictly followed. We saw written records of these and this was confirmed by staff. The "cold chain" is the process of keeping medicines at a temperature range.

The practice nurse had put processes in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Are services safe?

Vaccines were administered by the practice nursing team using protocols that had been produced in line with legal requirements and national guidance. We saw evidence that the practice nursing team had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The doctor's bag was securely stored when not in use. The GPs were responsible for checking drugs held in the Doctor's bag prior to administration and visits. Any replacement drugs needed were ordered and replaced by the Nurse Practitioner. We checked the contents of the bag and all the drugs were in date.

Any medicines alerts that were received were reviewed by the practice manager and then disseminated to all clinical staff via email.

Cleanliness and infection control

There were systems in place that ensured the practice was regularly cleaned. We found the practice to be clean at the time of our inspection. A system was in place to manage infection prevention and control. We saw that recent audits relating to hand washing and use of waste bins been completed by the practice nurse to ensure actions taken to prevent the spread of potential infections were maintained.

We also saw that practice staff were provided with equipment such as disposable gloves and aprons. This was to protect them from exposure to potential infections whilst examining or providing treatment for patients. These items were readily available to staff in the consulting and treatment rooms.

We looked at the consulting and treatment rooms and found these rooms to be clean and fit for purpose. We saw that nine of the clinical rooms had been refurbished to improve patient safety and infection control requirements. There was one clinical room to be completed and we saw plans in place to do this. Hand washing facilities were available and storage and use of medical instruments complied with national guidance with most equipment for single use only. We looked at medical equipment and found that it was all within the manufacturers' recommended use by date.

Appropriate arrangements were in place to dispose of used medical equipment and clinical waste safely. Sharps boxes were provided for use and were positioned out of the reach of small children. Clinical waste and used medical equipment was stored safely and securely before being removed by a registered company for safe disposal.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment such as spirometers to measure lung capacity.

We also saw that fire and intruder alarms were regularly tested, checked and serviced. There were also checks of fire extinguishers.

Staffing and recruitment

There was a practice recruitment and selection policy in place that included the principles of The Equality Act 2010, Employment Rights Act 1996, Human Rights Act 1998, General Medical Services Contracts Regulations 2004 and Personal Medical Services Agreements Regulations 2004. This policy set out the standards it followed when recruiting clinical and non-clinical staff.

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). We saw evidence that the practice is in the process of ensuring all administrative staff received a DBS check to meet the requirements to undertake chaperone duties.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Are services safe?

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

The practice had lone worker procedures for violence and aggression against staff. All staff we spoke with were aware of these. Each computer had a panic alarm that could be activated and this alerted all staff so that they could provide assistance.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy.

We found checks were made to minimise risk and best practice was followed. These included monitoring staff training to ensure they had the right skills to carry out their work and monitoring stocks of consumables and vaccines to ensure they were available, in date and ready to use.

Most of the staff at the practice had been employed for many years and knew the patients well. Staff we spoke to told us they were able to identify if patients were unwell or in need of additional support, they told us that this meant that they could make arrangements for the patient to be helped accordingly.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff they all knew the location of this equipment.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included loss of computer system, loss of GP, industrial action, key staff, epidemic and pandemic and premises. There were reciprocal arrangements in place with a neighbouring practice to cover appointments and repeat prescriptions in the event of an emergency. The document also contained relevant contact details for staff to refer to.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly describe 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 found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

We saw that the GPs took the lead in specialist clinical areas such as hypertension, paediatrics and end of life care. The practice nursing staff supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed. The practice team ensured that patients with long term conditions were regularly reviewed by practice staff and their care was coordinated with other healthcare professionals when needed. According to the Quality Outcomes Framework (QOF) data the practice was better than average for reviewing patients diagnosed with dementia, in producing a register of patients aged 18 and over with learning disabilities. The practice presented evidence via QOF that the outcomes measured for their diabetic patients are better than the area average.

The percentage of patients with diabetes on the register with a record of foot examination and risk classification 1-4 within the preceding 12 months was worse than average. The practice had taken action to address this by undertaking an audit of diabetic patients coded with having a foot screen to ensure the risk classifications had been coded correctly. They also audited patients who have attended for retinal screen, ensured the DNA Protocol was being adhered to and ensured diabetics declining this service were coded. There were plans in place for the practice nurse to visit nursing and residential homes for assessment of diabetic patients unable to attend surgery for screening in secondary care.

According to the NHSBSA- electronic Prescribing Analysis and Costs (ePACT) the average daily quantity of Hypnotics

prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was worse than average. We were informed that this was a historical prescribing issue and the surgery was aware of this risk. A programme of work was agreed with Bolton Clinical Commissioning Medicines Management Team in 2013. The aims of this programme were to reduce hypnotic prescribing over time as patients had been prescribed these medications for a long period, to reduce acute prescribing for each clinician, to stop these being added to repeat prescription template and to agree a programme of step down for patients.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit a year.

The practice demonstrated to us that clinical audits that had been undertaken. We saw two examples of completed audits around specific drug management which showed an effective response to any possible risk to patient safety.

We found that people's care and treatment outcomes were monitored and that the outcomes were compared (benchmarked) against Clinical Commissioning Group (CCG) and national outcomes. According to the Health and Social Care Information Centre (HSCIC) quality outcomes framework data, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less was above the national average. However the ratio

Are services effective?

(for example, treatment is effective)

expected to reported prevalence of Coronary Heart Disease (CHD) was below average. The action taken was to audit patients on prescriptions for CHD and to ensure that patients were coded correctly.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

Effective staffing

We reviewed staff training records and had discussions with staff. This demonstrated that all staff were able to access regular training to enable them to develop professionally and meet the needs of patients effectively. New staff were provided with a programme of induction that included training relevant to their role. The induction included how to deal with patient records, home visit requests, document management, appointments, audit and stock control. Staff were also given protected time for training.

We saw that appraisals that included completion of a personal development plan had taken place. This included a review of the last twelve months, agreed strengths and how these will be used and agreed priorities and objectives for the next twelve months. Staff we spoke with said they being supported to access relevant training that enabled them to confidently and effectively fulfil their role.

GPs were supported to obtain the evidence and information required for their professional revalidation. This was where when doctors demonstrated to their regulatory body, the GMC, that they were up to date and fit to practice. All the GP's had undergone recent clinical appraisals. The practice nurses were also supported to attend updates to training that enabled them to maintain and enhance her professional skills. that where poor performance had been identified appropriate action had been taken to manage this.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, x ray results, and letters from the local hospital including discharge summaries, and out of hours services both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. According to QOF data the practice was rated better than average in having regular (at least three monthly) multidisciplinary meetings where all patients on the palliative register were discussed. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information sharing

There was effective communication, information sharing and decision making about a patient's care across all of the services involved both internal and external to the organisation, in particular when a patient had complex health needs. Care was delivered in a co-ordinated and integrated manner with appropriate sharing of patient sensitive data such as safeguarding information being shared with the local safeguarding authority.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

Are services effective?

(for example, treatment is effective)

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use.

As a matter of routine all serious adverse events were forwarded to Bolton CCG to act as a shared learning experience within the Bolton Borough to avoid similar situations occurring in other practices.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice.

The 2014 national GP patient survey indicated 90% of people at the practice said the last GP they saw or spoke to was good at explaining tests and treatments, 81% said the last GP they saw or spoke to was good at involving them in decision making and 100% had confidence and trust in the last GP they saw or spoke to.

Patients we spoke with told us that they were spoken to appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment. The practice computer system identified those patients who were registered as carers and any other information relating to consent was scanned onto the system and alerts set up to notify clinicians.

All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions, for example written consent was obtained for those patients having a joint injection.

Health promotion and prevention

The practice demonstrated a commitment that ensured their patients had information about a healthy lifestyle. This included providing information about services to support them in doing this. There was a range of information available for patients displayed in the waiting

area and on notice boards in the reception areas. This included information on diabetes, flu vaccinations, Greater Manchester mental health services, chlamydia screening and pregnancy. They also provided information to patients via their website and in leaflets in the waiting area about the services available.

The practice worked proactively to promote health and identify those who require extra support, for example those with long term conditions. There was evidence of appropriate literature and of good outcomes for these areas as demonstrated in the QOF data. According to the Health and Social Care Information Centre (HSCIC) indicators the percentage of patients aged 65 and older who have received a seasonal flu vaccination was lower than average. The practice was aware of this and to increase up-take this current flu season had undertaken appropriate actions to increase awareness such as increased usage of "flu" reminder stickers on repeat prescriptions and posters in the waiting rooms.

All new patients aged 15 or over registering were invited to attend for a general health check with the health care assistant. They were also asked for details of medications, previous illness and current medical conditions. This provided the practice with important information about their medical history, current health concerns and lifestyle choices. The patient's medical records were requested from their previous GP. This ensured the patients' individual needs were assessed and access to support and treatment was available as soon as possible.

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. Staff we spoke with were knowledgeable about other services and how to access them. The practice nurse team offered appointments cervical smears, smoking cessation and child health surveillance and well-baby clinics.

The practice offered a full range of immunisations for children and flu vaccinations in line with current national guidance. If a patient required any vaccinations relating to foreign travel they made an appointment with the practice nurse to discuss the travel arrangements. This included which countries and areas within countries that the patient was visiting to determine what vaccinations were required.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey, a survey of patients undertaken by the practice's patient forum. There were 200 patient satisfaction questionnaires returned. The survey indicated that the majority of patient's book appointment by phone and this appeared to be the preferred way of booking an appointment. Since the introduction of the new appointment, the number of complaints regarding obtaining appointments has reduced remarkably and the survey results supported this. 109 patients were happy with the opening hours of the practice, with 49 patients being fairly satisfied. No one at the time of the surgery survey was dissatisfied with the opening hours. 131 patients found the receptionists very helpful and 24 patients described the receptionist as fairly helpful. 124 patients felt the 10 minute appointment time with the health professional was the "right amount of time" to discuss their medical problems. 114 patients said they would recommend this surgery to their family and friends. However there were six who would not.

The practice was also above average for its satisfaction scores on consultations with doctors and nurses with 96% of practice respondents saying the GP was good at listening to them and 89% saying the GP gave them enough time.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 33 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. We noted that the waiting area was located away from the reception desk which helped keep patient information private. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. The survey results reflected that 89% of respondents said the last GP they saw or spoke to at the practice was good at treating them with care and concern. 95% of respondents said the last nurse they saw or spoke to was good at listening to them.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 81% of practice respondents said the GP involved them in care decisions and 90% felt the GP was good at explaining treatment and results.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the CQC comment cards we received was also positive and aligned with these views.

Are services caring?

Staff told us that translation services, Language Line, were available for patients who did not have English as a first language. We also saw that the electronic booking in system had various options that included several different languages available.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke to on the day of our inspection told us that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. We were shown the information available for carers to ensure they understood the various avenues of support available to them.

We saw that there was a system for notifying staff about recent patient deaths. Staff told us that this was helpful when speaking to relatives and others who knew the person who had died. We were told that families who had suffered bereavement were called by the GP to offer support and condolences. Patients we spoke with who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient forum. As a result of the work of the patient forum in collaboration with practice staff, redecorating work of the consulting rooms and the administration offices continued. The practice also introduced an improved website and now offered the opportunity of booking a limited number of appointments on line. The website also allowed patients to order repeat prescriptions, cancel appointments and change contact details.

Each patient contact with a clinician was recorded in the patient's record, including consultations, visits and telephone advice. The practice had a system for transferring and acting on information about patients seen by other doctors and the out of hour's service. There was a reliable system to ensure that messages and requests for visits were recorded and that the GP or team member received and acted upon them. The practice had a system in place for dealing with any hospital report or investigation results which identified a responsible health professional and ensured that any necessary action was taken. There was a system to ensure the relevant team members were informed about patients nearing the end of their life. There was also a system to alert the out of hour's service if somebody was nearing the end of their life at home.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The practice provided equality and diversity training for clinical and non-clinical staff. Staff we spoke with confirmed that they had completed the equality and diversity training and that equality and diversity was regularly discussed at staff appraisals and meetings.

The premises and services had been adapted to meet the needs of people with disabilities. There was a ramp at the front of the building for wheelchair use access and also disabled toilet facilities available. There is a lift available for access to the first floor. We saw the practice had applied for two disabled parking bays at the front of the surgery however this had yet to be approved by the local authority. However in the interim patients with limited mobility were allowed to park in the rear car park to the surgery and given access through the rear door.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

The practice had reviewed and made changes to their appointment system. This included telephone appointments and an extended hours service.

Bolton Clinical Commissioning Group undertook an audit of all practices in the Bolton Borough to compare what each practice offers to their patients regarding appointment. Spring House Surgery was shown to be amongst the group of practices offering high numbers of appointments. This has resulted in lower attendance at A&E and lower use of the Out of Hours service

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another

Are services responsive to people's needs?

(for example, to feedback?)

doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that those in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

The national GP survey results published in July 2014 showed that 80% of patients said it was easy to get through to the practice to make an appointment. 88% of patients said they found the receptionist helpful once they were able to speak with them. Patients we spoke with told us that they did not have difficulties in contacting the practice to book a routine appointment.

Listening and learning from concerns and complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 33 patients chose to comment. All of the comment cards completed were very complimentary about the service provided.

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Patients we spoke with knew how to raise concerns or make a complaint. Information on how to complain was on the practice website and in the practice information leaflet. We looked at complaints received and found they had been satisfactorily handled and dealt with in a timely manner. For example a patient was unhappy about the delay of appointment time. The practice apologised for this occurring and ensured that in future clinicians would inform reception if they were experiencing a delay. If feasible an alternative appointment with a different GP would be offered and all patients would be kept apprised of the situation.

Patients were informed about the right to complain further and how to do so, including providing information about relevant external complaints procedures. Some of the patients spoken with had complained in the past about the appointment system and had not been satisfied with the outcome. However they all said they would be able to talk to the staff if they were unhappy about any aspect of their treatment. Staff we spoke with told us that not all verbal complaints were recorded if they could be resolved at the time.

Are services well-led?

(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 statement of purpose which was to provide excellent quality of care to all patients with the resources available. The GPs we spoke with demonstrated an understanding of their area of responsibility and they took an active role in ensuring that a high level of service was provided on a daily basis. All the staff we spoke with said they felt they were valued and their views about how to develop the service were acted upon.

The practice leaflet, website and patient forum demonstrated that the practice was interested in the views of their patients and carers and these views were used to consider how the service could be improved. The staff were dedicated to providing a service with patient's needs at the heart of everything they did.

GPs and the practice manager attended locality and Clinical Commissioning Group (CCG) meetings to identify needs within the community and tailored their services accordingly.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on any computer within the practice.

There was a clear leadership structure with named members of staff in lead roles such as a GP was the lead for safeguarding and the practice nurse the lead for infection control and medicines management. We spoke with ten members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at practice education meetings and action plans were produced to maintain or improve outcomes.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the

implementation of change. Clinical audits were instigated from within the practice or from safety alerts. We looked at several clinical audits and found they were well documented and demonstrated a full audit cycle.

Leadership, openness and transparency

We saw from minutes that team meetings were held regularly, at least monthly but would be convened at any time if circumstances demanded. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Although staff told us that they had regular meetings not all of these meetings had minutes taken.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. We were shown the information that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. Staff we spoke with were aware of the whistleblowing policy and what to do if they were concerned about any matters.

We saw evidence that showed the practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people.

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

The practice and all staff recognised the importance of obtaining and acting upon the views of patients and those close to them, including carers. A proactive approach was taken to seek a range of feedback. There was an active patient forum that collected patient feedback on behalf of the practice. We attended a patient forum meeting during the inspection. The main topic was to discuss what the patient forum wanted the practice to ask patients in the forthcoming survey. They also discussed the expansion of the use of electronic communications including text messages on online booking. However it was agreed that was going to be a choice of the patient and not for everybody if they did not wish to be included.

The practice had an active patient forum. The patient forum included representatives from various population groups. The forum met every quarter. The practice

Are services well-led?

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

manager showed us the analysis of the last patient survey, which was considered in conjunction with the patient forum. The results and actions agreed from these surveys are available on the practice website.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to develop through training and mentoring. We saw that annual appraisals took place. Staff told us that the practice was

very supportive of training and provided them with eLearning through a system called “blue stream academy”. There was specific training undertaken by the GPs which included mandatory training, information governance, safeguarding, and Infection control. Nursing staff also had specific training in such areas as chronic disease management. All non-clinical staff completed mandatory training but also other training for their roles such as time management, confidentiality and equality and diversity.

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