

Bolton Medical Centre

Quality Report

Bolton Medical Centre
21 Rupert Street
Bolton
Greater Manchester
BL3 6PY

Tel: 01204 463900

Website: [www.ssphealth.com/our-practices/
bolton-medical-centre](http://www.ssphealth.com/our-practices/bolton-medical-centre)

Date of inspection visit: 6 October 2015

Date of publication: 05/11/2015

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	3
The six population groups and what we found	5
What people who use the service say	8
Outstanding practice	8

Detailed findings from this inspection

Our inspection team	9
Background to Bolton Medical Centre	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 an announced comprehensive inspection at Bolton Medical Centre on 06 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that 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.

We saw one area of outstanding practice:

Bolton Medical Centre has access to an on-site gymnasium that offers free membership to any registered patients. We saw evidence that the use of this facility has improved some registered patients health.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that 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. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment but not always with a named GP. Urgent appointments were 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to 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 and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

All patients over 75 years of age have a named accountable GP and are offered a health check. Bolton Medical Centre offers free gym facilities to actively promote and support healthier lifestyles. There are eight patients over the age of 75 who are frequent users of the gym.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The GPs had lead roles in chronic disease management supported by the practice nursing staff and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice participates in the Bolton quality contract which includes best care indicators. These indicators identify the need for enhanced care to ensure that the best patient care and management is available for patients in this population group. This includes more frequent reviews for patients.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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 actively promoted access to the service to students and has a leaflet designed to inform students who are registered with the practice of the services available.

The practice offers a health check to all registered patients which includes a cardiovascular disease (CVD) risk assessment for those patients who do not have any existing chronic disease between the ages of 40 – 74 years of age. There are 378 registered patients in this age range with 338 risk assessments completed. Invites are sent out monthly to the remaining patients.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It had carried out annual health checks and offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

The practice has a carer's champion who identifies patients with carer responsibilities and refers them to the local carers centre and relevant community services.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care

Summary of findings

planning for patients with dementia. The practice currently has 26 patients on the mental health register, and 48% have had a mental health care plan agreed and reviewed. There are plans in place for the remaining patients to be recalled for review before the end of March 2016.

The practice had told patients experiencing poor mental health about how to access various health services, support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was generally performing above local and national averages. There were 432 surveys set out with 90 responses which represents a 21% completion rate, and is about 3% of the practice population.

- 94% find it easy to get through to this surgery by phone compared with a CCG average of 79% and a national average of 73%.
- 90% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

- 86% describe their experience of making an appointment as good compared with a CCG average of 87% and a national average of 73%.
- 73% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 69% and a national average of 65%.
- 69% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

We spoke with seven patients who used the service on the day of our inspection and reviewed 27 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 complimentary about the service provided.

Outstanding practice

Bolton Medical Centre has access to an on-site gymnasium that offers free membership to any registered patients. This facility offers registered patients with current health problems, or those at risk of developing health problems, the opportunity to undertake regular supervised exercise. Registered patients, subject to their personal preferences, have their weight, body mass index (BMI), waist circumference, physical activity levels

monitored regularly monitored and reviewed. Membership of this facility is from all population groups. We also saw evidence that use of this facility has improved some registered patients health in reducing their BMI, waist circumference and by lowering their blood pressure. The gymnasium manager can also refer patients back to their GP if necessary via the reception staff.

Bolton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector and included, a second CQC Inspector, an Inspection Manager, a GP specialist advisor and an expert by experience who is a member of the public trained by the CQC.

Background to Bolton Medical Centre

Bolton Medical Centre has about 3150 patients registered. It is overseen by NHS Bolton Clinical Commissioning Group (CCG). The population experiences higher levels of income deprivation affecting children and older people than the practice average across England. There are a lower proportion of patients above 65 years of age (3.7%) than the practice average across England (16.7%). There are a high proportion of patients registered who are from a socially deprived background.

There are four GPs supported by a practice nurse, assistant practitioner and a healthcare assistant. There is also a practice manager, assistant practice manager, and supporting administration and reception team.

The practice delivers commissioned services under the Alternative Provider Medical Services (APMS) contract.

The practice is open on Monday from 8am to 7pm, Tuesday 8am to 8pm, Wednesday and Friday 8am to 6.30pm, Thursday 7.30am to 6.30pm, and Saturday 9am to 11am.

Appointments are available on Monday from 9am to 12.30pm and 2.30pm to 6.30pm, Tuesday 10am to 12.30pm

and 3pm to 5.30pm, Wednesday 9am to 12.30pm and 3pm to 5.30pm, Thursday 9am to 12.30pm and 3pm to 6pm, Friday 10am to 1pm and 3pm to 5.30pm, and Saturday from 9am to 11am.

Patients can book appointments in person or via the phone and online. Emergency appointments are available each day. Bury and Rochdale Doctors (BARDOC) provide urgent out of hours medical care when the practice is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

Detailed findings

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

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

- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 6 October 2015.
- Spoke with staff and patients.
- Reviewed patient survey information.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One GP took the lead for safeguarding in the practice and was trained to level 3 safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The administrative staff were aware of the correct procedure for raising any safeguarding concerns and described the practice as having an open culture and an approachable management team.
- A notice was displayed in the waiting room, advising patients about chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety policies and procedures available with a poster in the staff reception area and staff room. This included information on reporting, risk assessments, equality and disability, discrimination compliance and responsibilities of staff. The practice had an up to date fire safety policy and risk assessment, and regular fire drills were carried out.
- 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 also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and cleaning schedules were strictly adhered to. The practice nurse was the infection control lead supported by the practice manager. There was an infection control policy in place and staff had received up to date face to face training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the SSP Health pharmaceutical advisor to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- Recruitment checks were carried out and the staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There were also reciprocal arrangements in place with the other practice co-located in the building in the event of unforeseen staff absences in order to maintain continuity of care.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99% of the total number of points available, with less than 1% exception reporting.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

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

- All new administration staff undergo an induction process that included shadowing an experienced member of staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support, confidentiality, safeguarding and infection control.
- All administrative staff undertook annual appraisals which identified learning needs from which action plans were documented. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses. This included ongoing support during sessions, one-to-one meetings, appraisals,

coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff were given protected time for training. Staff received training that included: safeguarding, fire procedures, infection control, basic life support, equality and diversity and mental capacity awareness. Staff had access to and made use of e-learning training modules and face to face training. Staff were given protected time for training.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every two weeks and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the

Are services effective?

(for example, treatment is effective)

assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice and treatment was available at the practice. Patients who may be in need of extra support were identified by the practice. The practice had also done some health promotion activity with the local mosque in order to promote better health and access to services with the local patient population.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme

was better than the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. An 'Early Years Fact sheet' which provided up to date information for new parents and children around vaccination schedules, breast feeding and cytology was available to patients.

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

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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. There was also a prayer room available for patients and staff, and also a private room for baby changing and breast feeding.

All of the 27 CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey from July 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was below average or similar to what was expected for its satisfaction scores on consultations with doctors and nurses

- 85% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 78% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 96% and national average of 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were below average or in line with local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. The practice has a carer's champion who identifies patients with carer responsibilities and refers them to the local carers centre and relevant community services. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Consultations sessions were booked at 10 minute intervals however appointments for patients with multiple conditions were available up to 45 minutes in duration.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older or other patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions daily.
- Telephone consultations were available for patients if required.
- Non-urgent appointments were available to patients within five working days.
- There were disabled facilities and translation services available.
- There were on site ultrasound and audiology clinics available on site from another health provider. The practice could refer to these and they were convenient for the patient population.
- Minor surgery, joint injections, was available at the practice and one GP took the lead in this.

Access to the service

The practice is open on Monday from 8am to 7pm, Tuesday 8am to 8pm, Wednesday and Friday 8am to 6.30pm, Thursday 7.30am to 6.30pm, and Saturday 9am to 11am.

Appointments are available on Monday from 9am to 12.30pm and 2.30pm to 6.30pm, Tuesday 10am to 12.30pm

and 3pm to 5.30pm, Wednesday 9am to 12.30pm and 3pm to 5.30pm, Thursday 9am to 12.30pm and 3pm to 6pm, Friday 10am to 1pm and 3pm to 5.30pm, and Saturday from 9am to 11am.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally below the local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 73%.
- 86% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 73% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a 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. This included notices and a complaints information in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

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

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear statement of purpose which was to provide people registered with the practice with a wide range of NHS primary medical services under the Alternative Provider Medical Services (APMS) contract. The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly reviewed.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

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
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The leadership team from SSP Health and the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The SSP Health practices in Bolton CCG worked closely together and shared learning. We saw minutes to support this. The GPs and practice manager were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The leadership team encouraged a culture of openness and honesty. Senior management from SSP Health were also regularly at the practice to offer their clinical and managerial support.

Staff told us that regular team meetings were held. We reviewed minutes of these meetings. Staff told us that there

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

SSP Health had recognised that staff should be rewarded for their hard work and dedication. They had implemented several incentive schemes for staff.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from a variety of sources including their compliments and suggestions box, the patient participation group (PPG) and through surveys such as the friends and family test and complaints received. There was an active PPG which met on a quarterly basis and discussed proposals for improvements with the practice management team.

In response to patient concerns about interpretation services the practice had been included in a pilot scheme for Non English Speaking patients (NESP). This scheme supports patients where English is not their first language and who may not understand the systems in England.

Patients can be referred into the service and the support workers will go and visit the patients in their own home. This also benefits new patients who registered with the practice as the practice had literature for patients in all different languages. This informs them about the practice and the systems that were in place. Support workers were able to accompany the patients on appointments if needed.

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

Innovation

Bolton Medical Centre has access to an on-site gymnasium that offers free membership to any registered patients. This facility offers registered patients with current health

Are services well-led?

Good 

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

problems, or those at risk of developing health problems, the opportunity to undertake regular supervised exercise. Registered patients, subject to their personal preferences, have their weight, body mass index (BMI), waist circumference, physical activity levels monitored regularly monitored and reviewed. Membership of this facility is from

all population groups. We also saw evidence that use of this facility has improved some registered patients health in reducing their BMI, waist circumference and by lowering their blood pressure. The gymnasium manager can also refer patients back to their GP if necessary via the reception staff.