

Garnet Fold Practice

Quality Report

Main site: Garnet Fold Practice

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Outstanding	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Garnet Fold Practice on 21 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, including those relating to recruitment checks.
- 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 with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice including:

- The practice developed a guide for parents and carers of children aged birth to five years in relation to common childhood illnesses, with the aim of reducing the number of A&E attendances, to improve access to GP surgeries and improve patient experience.
- There was a practice register of all people who were carers and a dedicated member of staff had been appointed to liaise with carers and be a central point of contact within the practice.

Summary of findings

However there were areas of practice where the provider should make improvements:

The provider should retain evidence of references obtained including verbal references for all staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

Summary of findings

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- There were innovative approaches to providing integrated person-centred care. For example having dedicated care coordinators for carers and vulnerable patients such as those with poor mental health. The practice also assessed all patients over the age of 75 and for those at most risk holistic consultations would be held with a GP from which care plans would be developed.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example regular reviewing the appointment system and implement a triage system in response to demand resulting in a reduced number of patients attending A&E
- People can access appointments and services in a way and at a time that suits them. Telephone consultations were readily available and for example patients with poor mental health were allocated appointments at the end of surgery to ensure there were no time constraints for the consultation.
- The practice had good facilities and a planned programme of renovation was in place for the main site. Both sites were well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 outstanding for the care of older people. The practice supported patients within four nursing homes and four sheltered care homes with one GP covering specified homes to provide continuity of care.

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.

The practice used a risk stratification tool for all patients over 65 years old in order to identify those most at risk and develop care plans. Every patient with a care plan was discussed at MDT meetings and risk stratified into green/amber/red. We saw that patients in the green category were contacted and sent a leaflet developed by the practice informing them of the services available. Amber patients were routinely seen by a nurse for health checks and those patients identified as high risk (red) were seen by a GP for holistic review in which carers were encouraged to attend. These comprehensive reviews included medication and where required rescue medication would be prescribed for those patients with COPD. Care plans would be developed following the consultations. The practice works alongside the Bolton integrated neighbour team in order to monitor and meet the needs of the most at risk patients.

Outstanding



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. Where appropriate one longer review appointment was made to enable those patients with multiple conditions to have all conditions and medication reviewed at the same time, preventing patients having to make repeat visits. For those people with the most complex needs care plans were in place and the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

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 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, health visitors and school nurses.

The practice developed a guide for parents and carers of children aged birth to five years in relation to common childhood illnesses, with the aim of reducing the number of A&E attendances, to improve access to GP surgeries and improve patient experience.

Good



Working age people (including those recently retired and students)

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

Appointments were available in advance and until 7:00pm to enable those working to have access to GPs or nurses at times convenient to them.

Telephone appointments were available for patients and patients were able to speak with a GP daily improving access and preventing patients from having to take time off work unnecessarily.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

The practice had a care coordinator in post providing a central point of contact for patients or their carers with either learning disabilities or poor mental health. It had carried out annual health checks for people with a learning disability and care plans were produced for patients to take away. Where required these were carried out in patients' homes. The practice offered longer appointments for people with a learning disability or those requiring a translator.

Good



Summary of findings

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.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 87% of people experiencing poor mental health had a comprehensive care plan in place, agreed between individuals, their families and/or carers as appropriate and in year 73% had received their annual reviews and health checks.

The practice had a dedicated care coordinator in post to be a central point of contact for patients and their carers with poor mental health and to ensure annual reviews were carried out and care plans remained up to date. Where it was identified a review was required by a GP this would be arranged by the care coordinator.

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 planning for patients with dementia.

For patients with poor mental health, appointment and reviews were held at the end of morning or afternoon surgery to eradicate time constraints for the GP and patients.

The practice had advised patients experiencing poor mental health about how to access various 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was in the main performing above local and national averages. There were 100 responses and a response rate of 37%.

- 91% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 73%.
- 84% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 52% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62% and a national average of 60%.
- 88% 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%.
- 96% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

- 79% describe their experience of making an appointment as good compared with a CCG average of 77% and a national average of 73%.
- 81% 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%.
- 73% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff. The six patients we spoke with were complimentary of the staff, care and treatment they received.

Areas for improvement

Garnet Fold Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor, practice nurse specialist advisor, practice manager specialist advisor and expert by experience. Experts by Experience are members of the public who have direct experience of using services.

Background to Garnet Fold Practice

Garnet Fold Practice provides primary medical services in Bolton, from Monday to Friday. The main site Garnet Fold is open between 08:00am – 7.00pm Monday to Thursday and 08:00am – 6:30pm Fridays. Appointments with a GP were available between 08:30am – 12:30am and 2:00pm – 6:45pm. The branch site, Southbrook Surgery is open between 08:30am – 12:30pm Monday to Friday. Appointments with a GP were available between 08:30am – 11:30am and telephone consultations between 11:30am and 12:30pm.

Garnet Fold Practice is situated within the geographical area of Bolton Clinical Commissioning Group (CCG).

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

Garnet Fold Practice is responsible for providing care to 6013 patients. The practice population included 11% black and minority ethnic (BME) patients.

The practice consists of five GPs, three of whom are female, three part time practice nurses and two part time health care assistants. The practice is supported by a practice manager, assistant manager, receptionists and a secretary.

When the practice is closed patients were directed to the out of hour's service.

Why we carried out this inspection

We inspected this service as part of our 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.

How we carried out this inspection

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

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

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

- Older people

Detailed findings

- 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)

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 21 October 2015. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with six patients, two members of the patient participation group and twelve members of staff, including the GPs, practice manager, practice nurses, health care assistant, reception and administration staff.

We reviewed four Care Quality Commission comment cards where patients and members of the public had shared their views and experiences of the service.

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 and clinical 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 computer system. The practice carried out an analysis of complaints on an annual basis to identify any patterns or trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. All significant events and incidents were written up and presented at practice meetings, following which, action plans were implemented and then reviewed at subsequent meetings to ensure compliance.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

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. There was a lead GP for safeguarding children and adults. The lead GPs attended local safeguarding meetings on a monthly basis and attended, where and when possible, case conferences and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room and consulting rooms, advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and new staff had DBS checks carried out. The provider was in the process of risk assessing all staff who acted as chaperones to

ensure DBS checks were in place. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice manager told us they would ensure all staff in this role underwent DBS checks.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice carried out a fire risk assessment in July 2014. All electrical equipment was checked to ensure it was safe to use and the majority of clinical equipment was checked and calibrated to ensure it was working properly, we noted however two blood pressure monitors for patients to use in the home had not recently been calibrated. The practice told us they would take these out of circulation until this had been done. 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted however carpets were in place throughout the branch surgery, with no areas dedicated area for treatment with appropriate flooring
- 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 provider's pharmacist and local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.
- Recruitment checks were carried out and the four files we reviewed showed that the majority of recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications,

Are services safe?

registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we noted references were not always evidenced.

- 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 to meet patient's needs.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted

staff to any emergency. All staff received annual basic life support training and there were emergency medicines available. 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to 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 94% of the total number of points available, with 3.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were above local and national average in majority of clinical outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average
- Performance for mental health related indicators was better than the CCG and national average.
- The dementia diagnosis rate was above than the CCG and national average.

We found a small number of clinical audits were carried out with only two showing a completed audit cycle demonstrating quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Audits were carried out in response to a significant event or clinical need, for example a warfarin audit was done in response to a significant event. We were provided with examples of completed audits but not all

had been documented. The GPs within the practice acknowledged the practice needs to be more robust with regards to documentation of audits and completing full audit cycles.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff, including locum GPs, that covered policies and procedures and clinical systems alongside topics such as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support from the provider, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. The majority of staff and all clinical staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house 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 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.

The practice had a care co-ordinator within the administration team whose role was to liaise with patients and their carers for patients with learning disabilities, dementia and poor mental health. The care co-ordinator

Are services effective?

(for example, treatment is effective)

was a central point of contact within the practice for patients and their carers. They arranged annual reviews and ensured care plans were up to date and where required, referred to a named GP for reviews to take place.

Staff worked together 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 people moving between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for patients at risk or unplanned hospital admissions. End of life meetings took place on a monthly basis and as part of the multi-disciplinary meetings care plans were routinely reviewed and updated. We also noted weekly clinical meetings were held in which vulnerable patients or high risk patients were discussed to ensure patients' needs were met.

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. Some staff had received training linked to the Mental Capacity Act 2005 and learning from the training was shared with all staff as part of team meetings. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. We noted however that nursing staff were not routinely recording in patient records when consent had been obtained. We spoke with the practice and they told us they would review the templates used by all clinical staff to ensure consent was always recorded where required in the future. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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, patients with poor mental health and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service such as in house smoking cessation or local health trainers who held appointments at the practice once a week. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 78.5% which was above the CCG and 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 averages. For example, NHS England figures showed in 2015, 94% of children at 24 months had received the measles, mumps and rubella (MMR) vaccination.

Flu vaccination rates for the over 65s were 76% and at risk groups 52%. These were above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for people aged 40–74 and annual health checks for carers. Appropriate follow-up 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.

All of the four patient CQC comment cards we received and the six patients we spoke with were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments included good continuity of care, staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice had similar satisfaction scores on consultations with doctors and nurses to national and CCG scores. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 91% 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%.

- 83% 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 and comment cards we received were 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, results were above local and national averages. For example:

- 92% 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%.
- 88% 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. Within the practice team there were clinical and non clinical staff who were bi-lingual and were able to translate, an example included administration staff speaking with patients over the telephone in relation to test results.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission and poor mental health. Data showed the practice had personalised care plans in place for patients at risk of unplanned hospital admissions and we noted reviews of the care plans had taken place. Additionally the practice also had care plans in place for patients aged over 75, patients with chronic diseases and dementia.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice computer system alerted GPs if a patient was also a carer. There were 293 patients registered as carers at the practice and a dedicated member of staff had been appointed to liaise with carers and be a central point of contact within the practice. Carers were invited for annual health checks with 28% in year already taking up the opportunity. Written information was available for carers to ensure they understood the various avenues of support available to them and a dedicated display board was kept up to date in the waiting area.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This 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. For example, attending locality meetings and working with other health and social care professionals including neighbourhood teams.

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

- The practice offered GP appointments from 08:30am to 6:45pm Monday to Thursday.
- There were longer appointments available for people with a learning disability or who required a translator. The practice, where appropriate, made appointments for patients with dementia or poor mental health at the end of morning or afternoon surgery so as not to restrict the length of the consultations in order to meet patient's needs.
- There were disabled facilities and translation services available
- Combined appointments up to 60 minutes were provided for reviewing patients with multiple long term conditions to prevent patients having to make several appointments/visits to see a nurse or GP.
- Home visits were available for older patients and patients who would benefit from these. We noted that the majority of annual learning disability reviews were carried out in patients' homes where it was found patients were more relaxed.
- In response to patient requests the practice had trained health care assistants to run a daily phlebotomy service which enabled patients to have in house blood tests carried out.
- Urgent access appointments were available on the day for all patients including children and those with serious medical conditions; this was via a triage service in which all patients would be contacted by a GP and where required appointments on the same day would be offered.
- The practice used a risk stratification tool for all patients over 75 years old in order to identify those most at risk and develop care plans. Every patient with a care plan

was discussed at MDT meetings and risk stratified into green/amber/red. For those patients identified as high risk (red) they were seen by a GP for holistic review in which carers were encouraged to attend.

- The practice developed a guide for parents and carers of children aged birth to five years, in relation to common childhood illnesses, with the aim of reducing the number of A&E attendances, to improve access to GP surgeries and improve patient experience. Following the publication of the booklet the practice were able to demonstrate a nine percent reduction in the number of children under five attending A&E. Following the success of the guide they are to be rolled out across Bolton.

Access to the service

The main site Garnet Fold is open between 08:00am – 7:00pm Monday to Thursday and 08:00am – 6:30pm Fridays. Appointments with a GP were available between 08:30am – 12:30pm and 2:00pm – 6:45pm. The branch site, Southbrook Surgery is open between 08:30am – 12:30pm Monday to Friday. Appointments with a GP were available between 08:30am – 11:30am and telephone consultations between 11:30am and 12:30pm. Details were provided to patients showing which GP held surgeries on which day, helping patients to pre-book appointments with a GP of choice.

The practice regularly monitored the demand on the service and the number of appointments available. The appointment system had evolved over the last few years in response to patient demand and feedback. Changes made included increased numbers of pre-bookable telephone consultations and an increased number of pre bookable appointments. In April 2015 the practice introduced a triage system for urgent same day appointments in response to escalating demand at the main site, Garnet Fold. This involved all patients who contacted the practice requesting an urgent same day appointment being contacted by a GP and where required same day appointments would be provided. All children under 12 years of age or over 75 years of age were automatically seen on the same day. Earlier indications from data showed the triage system had resulted in a 10% reduction in adult patients attending accident and emergency (A&E) and up to 20% reduction in children attending A&E.



Are services responsive to people's needs?

(for example, to feedback?)

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 73%.
- 79% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 81% 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. 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 and verbal complaints. We looked at four complaints received in the last 12 months and found these were satisfactorily handled. They were dealt with in a timely, open and transparent way.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice carried out an annual review of complaints to identify any patterns or trends and these were shared during team meetings.

We noted the practice complaints leaflet did not include contact information of external agencies such as the ombudsman to whom patients could complain if they were not satisfied with the way in which the practice dealt with a complaint. The practice told us they would update the leaflet immediately following our inspection.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The vision for the practice included extension and redevelopment of the main site which was due to start in October 2015. We saw clearly displayed the vision of the practice going forward for patients and staff.

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.
- The practice employed a pharmacist to audit medication and prescribing within the practice and look at opportunities to make efficiencies.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was in place with non clinical audits in place.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners and managers had the experience, capacity and capability to run the practice ensuring and prioritising safe, high quality and compassionate care. The practice manager had an open door policy and along with the GP partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The practice encouraged a culture of openness and honesty.

The practice had clinicians within the practice with a range of clinical and management expertise. Speaking with staff they valued learning from and seeking support from colleagues with areas of expertise enabling them to provide quality care for patients.

Staff told us that weekly clinical team meetings were held and MDT clinical meeting held monthly. In addition business meetings were held weekly between the GP partners and practice management and non clinical staff meetings were held monthly. Meetings were minuted and available to staff where appropriate via email.

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 GP partners and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We noted annual full staff meetings were held.

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 patients through the patient participation group (PPG) and through surveys and complaints received. There were active PPG members who engaged with the practice via email and letter. The PPG met formally on annual basis to discuss practice development. We spoke with two members of the PPG who told us they felt involved and their ideas were listened to and acted up by the practice. The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels. The practice team was forward thinking and was involved in a number of local pilot

Are services well-led?

Good 

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

schemes to improve outcomes for patients in the area. Examples included the development of a childhood illness guide for parents and carers and having care coordinators in post for carers and vulnerable patients.