

# Unsworth Group Practice

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Unsworth Group Practice on 17 November 2015. Overall the practice is rated as good. Specifically, we found the practice to require improvement for providing safe services and good for providing effective, responsive, caring and well led services.

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.

The area where the provider must make improvements is:

The provider must assess the different responsibilities and activities of all staff to determine if they are eligible for a DBS check. Where the decision has been made not to carry out a DBS check on staff, the practice should be able to give a clear rationale as to why.

In addition the provider should:

# Summary of findings

The provider should take action to review their arrangements for assessing the risk from legionella.

Clinical staff had received training in relation to consent and mental capacity. The provider should extend this training (at the appropriate level) to other members of the practice team to maximise the support provided to patients in relation to consent to care and treatment.

**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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Specifically there was a need to conduct Disclosure and Barring Service (DBS) checks for some clinical staff and conduct or risk assess if a DSB check was required for non-clinical staff at the practice.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. 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. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. The practice reviewed the needs of its local population and engaged with NHS England and the local Clinical Commissioning Group (CCG) to secure service improvements where these had been identified. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available.

Good



### 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

Good



# Summary of findings

a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.

# 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 avoiding unplanned admissions. 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 had a named accountable GP and are offered a health check.

Good



### People with long term conditions

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

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 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



### 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

Good



# Summary of findings

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.

## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. It had carried out annual health checks for people with a learning disability. It 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.

**Good**



## **People experiencing poor mental health (including people with dementia)**

The practice had carried out annual health checks for people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations such as MIND. There was a system in place to follow up on patients who did not attend practice appointments or had attended accident and emergency where there may have been mental health needs.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was mainly performing better or in line with local and national averages. There were 304 surveys sent out with 113 responses which represents a 37.2% completion rate, and is about 5.1% of the practice population of 20,200.

- 57.7% find it easy to get through to this surgery by phone compared with a CCG average of 79.4% and a national average of 73.3%.
- 77.5% find the receptionists at this surgery helpful compared with a CCG average of 87.8% and a national average of 86.8%.
- 77.7% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.1% and a national average of 85.2%.
- 88.6% say the last appointment they got was convenient compared with a CCG average of 93.1% and a national average of 91.8%.

- 63.4% describe their experience of making an appointment as good compared with a CCG average of 76.7% and a national average of 73.3%.
- 72% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68.9% and a national average of 64.8%.
- 66.1% feel they don't normally have to wait too long to be seen compared with a CCG average of 61.3% and a national average of 57.8%.

We received 23 completed CQC comment cards and spoke with 11 patients on the day of inspection. We spoke with people from various age groups and with people who had different health care needs. The patients we spoke with were very complimentary about the service. Patients told us that they found the staff to be very person-centred and felt they were treated with respect. The comments on the cards provided by CQC were also very complimentary about the service provided and the access to that service.

## Areas for improvement

### Action the service **MUST** take to improve

The provider must assess the different responsibilities and activities of all staff to determine if they are eligible for a DBS check. Where the decision has been made not to carry out a DBS check on staff, the practice should be able to give a clear rationale as to why

### Action the service **SHOULD** take to improve

The provider should take action to review their arrangements for assessing the risk from legionella.

Clinical staff had received training in relation to consent and mental capacity. The provider should extend this training (at the appropriate level) to other members of the practice team to maximise the support provided to patients in relation to consent to care and treatment.



# Unsworth Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience who is a person who uses services and wants to help CQC to find out more about people's experience of the care they receive.

## Background to Unsworth Group Practice

Unsworth Group Practice is a GP practice. The main surgery is located in Westhoughton and there is a branch surgery situated in the Blackrod area of Bolton. At the time of this inspection we were informed 20,200 patients were registered with the practice. Unsworth Group Practice is the largest GP practice in Bolton.

The practice population experiences lower levels of income deprivation than the practice average across England. There is a similar proportion of patients above 65 years of age (17.4%) to the practice average across England (16.9%). The practice has a similar proportion of patients under 18 years of age (14.5%) than the practice average across England (14.8%). 54.3 per cent of the practice's patients have a longstanding medical condition compared to the practice average across England of 54%.

At the time of our inspection the practice clinical team comprised of 10 GP partners, 3 salaried GPs, 5 trainee GPs, a practice pharmacist, an advanced nurse practitioner, practice nurses, assistant practitioners and phlebotomists. Clinical staff were supported by the practice manager and the administration/reception team.

We detail below the opening hours and appointment times of the main surgery at Westhoughton and the branch surgery at Blackrod.

#### Westhoughton Surgery

The opening times of the surgery are Monday 8am to 6.30pm, Tuesday and Wednesday 8am to 8.30pm, Thursday and Friday 8am to 6.30 pm. The practice is closed on Saturday and Sunday. GP appointment were provided in the morning, afternoon and early evening each day and late appointments were provided on Tuesdays and Wednesdays. Appointment times were displayed in the reception area and the practice website.

#### Blackrod Surgery

The opening times of the surgery are Monday to Friday 8am to 6.30pm with late appointments offered on Wednesdays up to 8.30pm at the Westhoughton Branch exclusively to Blackrod patients. The practice is closed on Saturday and Sunday. GP appointment were provided in the morning afternoon and early evening each day. Appointment times were displayed in the reception area and the practice website.

The practice has opted out of providing out-of-hours services to their patients. In case of a medical emergency outside normal surgery hours advice was provided by Bury and Rochdale Doctors On Call (BARDOC).

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

## Why we carried out this inspection

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

# Detailed findings

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

## How we carried out this inspection

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

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

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

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit (to the main surgery at Weshoughton and the branch surgery at Blackrod on 17 November 2015.
- Spoke with staff and patients.
- Reviewed patient survey information.

# Are services safe?

## Our findings

### Safe track record and learning

Before visiting the practice we reviewed a range of information we hold about the practice and asked other organisations (for example NHS England and Bolton Clinical Commissioning Group (CCG)) to share what they knew. No concerns were raised about the safe track record of the practice. A range of information sources were used to identify potential safety issues and incidents. These included complaints, health and safety incidents, findings from clinical audits and feedback from patients and others. The practice had a system in place to report 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.

### 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. The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children. This GP had been trained to level 3 safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We looked at examples where clinicians at the practice raised safeguarding alerts with the appropriate authorities.
- A notice was displayed in the waiting room and consulting rooms, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role. However we noted not all of the staff trained to be chaperones 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. The practice had up to date fire risk assessments 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 assessments relating to infection control and legionella (a bacterium which can contaminate water systems in buildings). However we noted that the risk assessment conducted in respect of legionella did not clearly reflect the level of potential risk and what actions were being taken to minimise such risk. The provider should take action to review their arrangements for assessing the risk from legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the assistant practitioners was the infection control clinical lead and was supported in this role by the other clinicians at the practice. There was an infection control protocol in place and staff had received up to date infection prevention/control training. Internal 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 the obtaining, prescribing, recording, handling, storing and security of medicines). A practice pharmacist had recently been appointed to maximise the best outcomes for patients in relation to their medicines needs. We note that Unsworth Group Practice was the first practice in Bolton CCG to make such an appointment. Regular medication audits were carried out with the support of the practice pharmacist and the local medicines management team 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. Appropriate arrangements had been made for the safe storage of vaccines at the main and branch practices. This included keeping records demonstrating they were stored at the correct temperature.
- Recruitment checks were carried out and the staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For

## Are services safe?

example, proof of identification, qualifications, registration with the appropriate professional body where appropriate. However no evidence was available to demonstrate some of the nurses and phlebotomy staff had received Disclosure and Barring Service (DBS) checks. Not all of the staff trained to be chaperones had received a DBS check. There was no evidence of a risk assessment being conducted in relation to the need to (or not to) conduct DBS checks on the remaining practice staff. Whilst we acknowledge the provider had initiated the process to conduct DBS checks on some staff the provider must assess the different responsibilities and activities of all staff to determine if they are eligible for a DBS check. Where the decision has been made not to carry out a DBS check on staff, the practice should be able to give a clear rationale as to why.

- Arrangements were in place for planning and monitoring the number 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 at the main and branch practice.

### **Arrangements to deal with emergencies and major incidents**

All staff received basic life support training. This had last been provided in September 2013. We noted that arrangements had been made to update this training in December 2015. Oxygen with adult and children's masks was available at the main practice and the branch practice and this was checked regularly to ensure there were adequate supplies available. The main practice and the branch practice each had a defibrillator which was checked regularly. Emergency medicines were easily accessible to staff in a secure area of the main practice and the branch practice and all staff knew of their location. All the medicines were regularly checked to ensure they 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 clinical staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Discussion with GPs, practice pharmacist trainees advanced nurse practitioner and practice nurses and looking at how information was recorded and reviewed, demonstrated that systems were operating to ensure patients were being effectively assessed, diagnosed, treated and supported.

### Management, monitoring and improving outcomes for people

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

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or as part of the practice's engagement with local audits. It was evident from the discussions we had with the GPs that clinical audit was an important feature of clinical practice and we looked at documented clinical audits relating to metformin and polymyalgia rheumatica.

We saw evidence of informal individual peer review and support to discuss issues and potential improvements in respect of clinical care. A strong network of communication operated between the clinicians. This was underpinned by well organised formally documented governance/clinical meetings to disseminate information and learning to improve outcomes for patients.

Feedback from patients we spoke with, or who provided written comments, was very positive and complimentary in

respect of the quality of the care, treatment and support provided by the practice team. There was no evidence of discrimination or barriers in relation to the provision of care, treatment or support.

### Effective staffing

The practice employed medical, nursing, managerial and administrative staff. Recruitment records demonstrated that staff possessed the right qualifications, skills, knowledge and experience to do their job when they start their employment. Clinical and non-clinical staff we spoke with said they were encouraged and enabled to access training that was relevant to their role and responsibilities. Practice nurses had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, on administration of vaccines and cervical cytology. GPs were up to date with their yearly continuing professional development requirements and had either been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

We also looked at the staff training record kept by the practice to ensure staff were being provided with regularly updated training relevant to their role. The training record revealed some gaps in training for some staff members. This was acknowledged by the provider and we were told this was a priority issue that they had already started to address. Staff we spoke with also told us they did have appraisal meetings and we saw documentary evidence of this.

### Coordinating patient care and information sharing

Systems were in place to ensure patients were able to access treatment and care from other health and social care providers where necessary. This included patients who had complex needs or had been diagnosed with a long term condition. There were clear mechanisms to make such referrals promptly and this ensured patients received effective, co-ordinated and integrated care. We saw referrals were assessed as being urgent or routine. Patients we spoke with, or received written comments from, said

# Are services effective?

## (for example, treatment is effective)

that if they needed to be referred to other health service providers this was discussed fully with them and they were provided with enough information to make an informed choice.

We saw clinicians at the practice followed a multidisciplinary approach in the care and treatment of their patients. For example we looked at the minutes of monthly multidisciplinary meetings held to discuss the best ways to provide care to patients and manage risks. There was also a co-ordinated approach to communicating and liaising with the provider of the GP out of hour's service. In particular the practice provided detailed clinical information to the out of hour's service about patients with complex healthcare needs. Also all patient contacts with the out of hour's provider were reviewed by a GP the next working day.

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

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff had received training in relation to consent and mental capacity. The provider should extend this training (at the appropriate level) to other members of the practice team to maximise the support provided to patients in relation to consent to care and treatment. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

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

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

The practice had arrangements in place to provide and monitor an immunisation and vaccination service to patients. For example we saw that childhood immunisation and influenza vaccinations were provided. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. Flu vaccination rates for the over 65s were above the national averages.

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

The practice operated a comprehensive screening programme. The practice's uptake for the cervical screening programme was 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 participate in national screening programmes for bowel and breast cancer screening.

The provision of health promotion advice was also an integral part of each consultation between clinician and patient. Patients were also enabled to access appropriate health assessments and checks. A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions are identified. This included sending appointments for patients to attend reviews on a regular basis. When patients did not attend this was followed up to determine the reason and provide an alternative appointment.

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



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We received 23 completed CQC comment cards and spoke with 11 patients on the day of inspection. We spoke with people from various age groups and with people who had different health care needs.

Comments we received from patients were very positive in respect of the care and treatment they received at the practice. They told us the practice staff communicated with them well. They also told us staff at the practice treated them with respect, in a polite manner and as an individual. The July 2015 GP patient survey reflected that 88.3% of respondents said the last GP they saw or spoke to was good at treating them with care and concern (CCG average; 86.1%, England average; 85.1%). 84.1% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average; 91%, England average; 90.4%). 98.1% of respondents had confidence and trust in the last GP they saw or spoke to (CCG average; 95.1%, England average; 95.3%). 95% of respondents had confidence and trust in the last nurse they saw or spoke to (CCG average; 97.2%, England average; 97.2%).

We observed staff to be helpful, pleasant and respectful with patients and each other during our inspection visit.

Patient appointments were conducted in the privacy of individual consultation rooms. Patients said their privacy and dignity was respected and maintained including when physical or intimate examinations were undertaken. Examination couches were provided with privacy curtains for use during physical and intimate examination and a chaperone service was provided.

Staff we spoke with said if they witnessed any discriminatory behaviour or where a patient's privacy and dignity was not respected they would be confident to raise the issue with the practice manager. We saw no barriers to patients accessing care and treatment at the practice.

### **Care planning and involvement in decisions about care and treatment**

Comments we received from patients demonstrated that practice staff listened to them and concerns about their health were taken seriously and acted upon. They also told us they were treated as individuals and provided with information in a way they could understand and this helped them make informed decisions and choices about their care and treatment. A wide range of information about various medical conditions was accessible to patients from the practice clinicians and was prominently displayed in the waiting area.

Where patients and those close to them needed additional support to help them understand or be involved in their care and treatment, the practice had taken action to address this. For example language interpreters were accessed when required.

### **Patient/carer support to cope emotionally with care and treatment**

There was a person centred culture where the practice team worked in partnership with patients and their families. This included consideration of the emotional and social impact patient care and treatment may have on them and those close to them. The practice had taken proactive action to identify, involve and support patient's carers. The practice waiting area contained prominently displayed information for carers and patients are invited to self-refer to the practice with regard to their caring responsibilities. A wide range of information about how to access support groups and self-help organisations was available and accessible to patients from the practice clinicians and in the reception area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

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

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

We saw the practice carried out regular checks on how it was responding to patients' medical needs. This activity analysis was shared with Bolton CCG and formed a part of the Quality and Outcomes Framework monitoring (QOF). It also assisted the practice to check that all relevant patients had been called in for a review of their health conditions and for completion of medication reviews. The practice had very recently commenced a project to improve their screening rates for chlamydia in the 15 to 24 age group. (Chlamydia is one of the most common sexually transmitted infections (STIs) in the UK). To improve chlamydia screening rates practice staff had actively

engaged with patients in the 15 to 24 age group to identify the best way to communicate and engage with them. Whilst it is still too early to assess the outcomes for patients of this project we are of the view that it is a good example of the practice seeking to be innovative in their approach to responding to patients needs.

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

The practice had a reception area, patient waiting areas and consultation and treatment rooms. We saw that the waiting areas were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. There were also facilities to support the administrative needs of the practice.

### Tackling inequity and promoting equality

Action had been taken to remove barriers to accessing the services of the practice. The practice team had taken into account the differing needs of people by planning and providing care and treatment services that were individualised and responsive to individual needs and circumstances. This included having systems in place to ensure patients with complex needs were enabled to access appropriate care and treatment such as patients with a learning disability or mental health needs. People in vulnerable circumstances were able to register with the practice.

### Access to the service

We spoke with eleven patients who used the service on the day of our inspection and reviewed 23 completed CQC comment cards. We spoke with people from various age groups and with people who had different health care needs. Patients we spoke with or received written comments from expressed satisfaction about being able to get through to the practice on the telephone in the



# Are services responsive to people's needs?

(for example, to feedback?)

mornings and securing an appointment to see a clinician. There was a system of same day and pre-bookable appointments. All children were seen on the same day. Longer appointments were provided where required for example if interpreter services were required or more time was needed to explore particular issues. Patients were also able to book appointments online and access telephone consultations with clinicians.

The results of the July 2015 GP survey reflected 76.3% of respondents were satisfied with the surgery's opening hours. 57.7% of the respondents found it easy to get through to the practice by phone. 77.7% were able to get an appointment to see or speak to someone the last time they tried and 86.7% said the last GP they saw or spoke to was good at giving them enough time. 77.5% of respondents found the receptionists at the practice helpful. Also 88.6% said the last appointment they got was convenient and 63.4% described their experience of making an appointment as good. 73.3% said they would recommend this surgery to someone new to the area. We note that the practice has actively engaged with their active patient participation group (PPG) to address issues regarding access to the service and had implemented a number of measures to improve access.

At the time of our inspection the opening and appointment times operated by the practice were;

## **Westhoughton Surgery**

The opening times of the surgery are Monday 8am to 6.30pm, Tuesday and Wednesday 8am to 8.30pm, Thursday and Friday 8am to 6.30 pm. The practice is closed on Saturday and Sunday. GP appointment were provided in

the morning, afternoon and early evening each day and late appointments were provided on Tuesdays and Wednesdays. Appointment times were displayed in the reception area and the practice website.

## **Blackrod Surgery**

The opening times of the surgery are Monday to Friday 8am to 6.30pm with late appointments offered on Wednesdays up to 8.30pm at the Westhoughton Branch exclusively to Blackrod patients. The practice is closed on Saturday and Sunday. GP appointment were provided in the morning afternoon and early evening each day. Appointment times were displayed in the reception area and the practice website.

The practice has opted out of providing out-of-hours services to their patients. In case of a medical emergency outside normal surgery hours advice was provided by Bury and Rochdale Doctors On Call (BARDOC).

## **Listening and learning from concerns and complaints**

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

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 complaints.

# 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

There was a well-established leadership structure with clear allocation of responsibilities amongst the GPs and the practice team. The practice management team described to us a clear value system which provided the foundations for ensuring the delivery of a high quality service to patients. The culture at the practice was one that was open and fair. Discussions with GPs and other members of the practice team supported that this view of the practice was widely shared.

### Governance arrangements

There were clearly defined lines of responsibility and accountability for clinical and non-clinical staff. It was evident from discussion with a wide range of practice staff that there was an open culture that encouraged staff to report, discuss and learn from significant incidents. Discussion with clinicians and other members of the practice team demonstrated the practice operated an open and fair culture that enabled staff to challenge existing practices and thereby make improvement to the services provided. It was evident that staff discussed significant events, clinical and other practice matters on a regular basis at regular clinical/staff/practice meeting. Minutes of these meetings reflected such discussions and identified how the effectiveness of any learning identified had been embedded to improve quality. Clinicians and the practice management team actively participated and interacted with Bolton Clinical Commissioning Group (CCG) to keep up to date with local health care trends and developments and shared this knowledge with their colleagues in order to enable them to consider what improvements could be made to develop and improve the services they provided to patients.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or as part of the practice's engagement with local audits. It was evident from the

discussions we had with the GPs that clinical audit was an important feature of clinical practice and we looked at documented clinical audits relating to metformin and polymyalgia rheumatica.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance and identify areas for improvement. We saw that QOF data was regularly discussed within the practice and action was taken to maintain or improve outcomes. More recently the practice had participated in the Bolton quality contract which includes best care indicators. These indicators identify the need for enhanced care to ensure that the best patient care and management is available for patients in this population group. This includes more frequent reviews for patients. We looked at the arrangements for monitoring and managing risks to patients and staff safety. We saw records that portable electrical appliances had been tested and medical equipment had been tested and calibrated regularly. The practice had a fire safety policy and a fire risk assessment.

### Leadership, openness and transparency

The service was transparent, collaborative and open about performance. There was a clear leadership structure. We spoke with twelve members of staff and they were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

Staff told us that there was an open culture within the practice and they had the opportunity to raise issues any time.

### Practice seeks and acts on feedback from its 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. A PPG had been formed to discuss proposals for improvements with the practice management team. Suggestions from the CCG had resulted in the practice taking action to make appointments more accessible to patients.

# Are services well-led?

Good 

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

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they were able to give feedback and discuss any concerns or issues and that their contributions were respected and valued.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through regular training and appraisal. We saw that staff appraisals had taken place and included a process for documenting, action planning and reviewing appraisals. Staff told us that the practice was very supportive of them accessing training relevant to their role and personal development.

Unsworth Group Practice is accredited by the North Western Deanery of Postgraduate Medical Education as a GP Training Practice, providing post graduate training and experience for qualified doctors who are training to become GPs. The practice also provided placements for doctors in Foundation year 2 to gain experience in general practice. Additionally the practice provided placements for medical students to gain an insight and experience of general practice.

The practice had completed reviews of significant events, complaints and other incidents and shared the outcomes of these with staff during meetings to ensure outcomes for patients improved.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>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, qualifications, registration with the appropriate professional body where appropriate. However no evidence was available to demonstrate some of the nurses and phlebotomy staff had received Disclosure and Barring Service (DBS) checks. Not all of the staff trained to be chaperones had received a DBS check. There was no evidence of a risk assessment being conducted in relation to the need to (or not to) conduct DBS checks on the remaining practice staff. Whilst we acknowledge the provider had initiated the process to conduct DBS checks on some staff the provider must assess the different responsibilities and activities of all staff to determine if they are eligible for a DBS check. Where the decision has been made not to carry out a DBS check on staff, the practice should be able to give a clear rationale as to why.</p> <p>Regulation 19 (1)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>