

# Beehive Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The six population groups and what we found	4
Outstanding practice	5

### Detailed findings from this inspection

Our inspection team	6
Background to Beehive Surgery	6
Detailed findings	7

## Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection June 2017 – Inadequate).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

Significant improvements had been made since our first inspection on 15 June 2017. At that inspection the

practice was rated inadequate and placed into special measures. Warning notices were issued in relation to regulatory breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). We carried out a further inspection on 3 November 2017 to check the warning notices had been complied with. We found significant improvements in both these areas. These reports can be viewed by selecting the 'all reports' link for Beehive Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The practice had carried out a full review of their processes since June 2017 and engaged with the clinical commissioning group (CCG) and the Royal College of General Practitioners (RCGP) with a view to embedding their new processes. There had been changes in personnel and the current personnel had been involved in making the improvements.

This announced comprehensive inspection at Beehive Surgery was carried out on 28 February 2018. This was a full follow-up inspection to check the required improvements had been made throughout the practice.

At this inspection we found:

- Significant improvements had been made throughout the practice. There had been some personnel changes and all remaining and newly recruited staff had been involved in discussions around the improvements required.

# Summary of findings

- Following the inspection on the 15 June 2017 the practice enrolled in the Royal Collage of General Practitioners (RCGP) special measures peer support programme. The programme involves a six month support package, working closely with the practice's clinicians and senior staff to develop improvement solutions, provide peer support and in depth reviews and solutions for services.
- The practice had improved their process for recognising, recording and investigating significant events. They were discussed in meetings and learning was documented.
- The practice had systems in place to manage all aspects of safety. A fire risk assessment had been carried out, regular checks were performed and recorded and new fire extinguishers had been installed.
- Training for staff was well-monitored. There was a role-specific induction process for staff, including locum staff. Appraisals were up to date.
- The practice had carried out training in consent, the Gillick competence and the Mental Capacity Act 2005. It had updated its website so it no longer stated patients under the age of 16 must be accompanied by an adult.
- The complaints system had been reviewed. All complaints were investigated and appropriately responded to. They were discussed in meetings and lessons learned were documented.
- The practice had addressed issues around waiting times in the surgery. There was a break in appointments each hour in case surgeries were running late, and patients had commented that they had noticed an improvement.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw an area of outstanding practice:

- Patients at the practice participated in monthly health walks from the practice led by the health trainer who was employed by the clinical commissioning group (CCG). To maximise the impact for patients, particularly female patients, the practice facilitated weekly patient led health walks. The practice displayed the walking route in the waiting area, and indicated where patients could join the walk if a different starting point was easier. The GPs encouraged the activity with their patients to promote healthier lifestyles.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

# Summary of findings

## The six population groups and what we found

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

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

# Summary of findings

## Outstanding practice

- Patients at the practice participated in monthly health walks from the practice led by the health trainer who was employed by the clinical commissioning group (CCG). To maximise the impact for patients, particularly female patients, the practice facilitated weekly patient led health walks. The practice displayed the walking route in the waiting area, and indicated where patients could join the walk if a different starting point was easier. The GPs encouraged the activity with their patients to promote healthier lifestyles.

# Beehive Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist adviser and a second CQC inspector.

## Background to Beehive Surgery

Beehive Surgery is located in a converted terraced house in a residential area in Bolton. There are two floors with patient access to both floors. A stair lift is available. There is street parking.

At the time of our inspection there were 3075 patients registered with the practice. The practice is a member of NHS Bolton clinical commissioning group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract.

There are two GP partners, one male and one female. One of the GPs is also the practice manager. There is also a healthcare assistant, an assistant practice manager and administration staff. The practice was in the process of recruiting a practice nurse. A health trainer from the CCG

attended two days a week. There had been changes in personnel since the inspection in June 2017, with a partner, the locum practice manager and locum practice nurse leaving.

Opening hours are usually 8am until 6.30pm Monday to Friday, and the practice offers extended hours opening until 8pm on Thursdays.

Surgery times are:

Monday 9.30am to 12.30pm and 4pm to 6.30pm

Tuesday 9.30am to 12.30pm and 4pm to 6.30pm

Wednesday 9.30am to 12.30pm and 5pm to 6.30pm

Thursday 9.30am to 12.30pm and 4pm to 8pm

Friday 9.30 to 12.30pm and 4pm to 6.30pm

The male life expectancy is 76 years, below the CCG average of 77 and the national average of 79 years. The female life expectancy is 79 years, below the CCG average of 81 and the national average of 83 years. An above average number of patients were unemployed.

The practice is in an area of high deprivation. It is in deprivation decile one, where one is most deprived and 10 least deprived. 42% of the practice population are black and minority ethnic (BME).

There is an out of hours service available by phoning NHS 111. The out of hours provider is BARDOC.

# Are services safe?

## Our findings

**At our previous inspection on 15 June 2017 we rated the practice as inadequate for providing safe services. No safety checks or adequate risk assessments were carried out. Firefighting equipment was out of date by up to 20 years. There was no system to manage medicine reviews and medicines were not stored securely. Not all prescriptions were monitored, with one GP saying they kept some unrecorded blank prescriptions at home. Significant events were not consistently recorded and there was no evidence of thorough investigations, responses or learning from incidents. Clinicians were not all trained to the required level in safeguarding. The business continuity plan was not accurate.**

**These arrangements had significantly improved when we undertook a follow up inspection on 28 February 2018. The practice is now rated as good for providing safe services across all population groups.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which had been reviewed since the inspection in June 2017. These had been communicated to staff and all staff were aware of how to access policies and guidance. Staff received safety information for the practice as part of their induction and refresher training, and evidence was kept of this. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice had systems to safeguard children and vulnerable adults from abuse. The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Meetings with health visitors took place every two months and we saw children's safeguarding issues were discussed.
- The practice had updated their recruitment policy and had a recruitment checklist they followed to ensure all

appropriate pre-employment checks were carried out for new staff. These checks included professional registration where relevant, and there was a process in place to carry these checks out on an on-going basis, including for locum staff. Disclosure and Barring Service (DBS) checks were undertaken where required, and a DBS risk assessment was carried out for all new staff. We saw that all staff at the practice had a DBS check 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 vaccination status for staff, for example against Hepatitis B, was recorded.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns, and we saw examples of safeguarding referrals made by the practice. Additional training had taken place including domestic abuse and female genital mutilation (FGM) training.
- Staff who acted as chaperones were trained for the role and had received a DBS check. Chaperone notices were displayed in all clinical rooms and the chaperone policy had recently been updated and discussed with staff.
- There was now an effective system to manage infection prevention and control. The infection control policy had been updated in November 2017, when an audit was also carried out. A further infection control audit was carried out in February 2018 and there was an action plan in place for the minor issues identified. A hand hygiene audit had been carried out in October 2017.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The defibrillator and oxygen were checked daily by reception staff, and this was recorded along with other safety checks. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. Partners were able to cover for each other and extra hours could be worked

## Are services safe?

if necessary. Administrative staff told us they were flexible and also able to cover if necessary. The practice was in the process of recruiting a practice nurse who was due to start work in March 2018.

- There was an effective induction system for temporary staff tailored to their role. We saw evidence that locum staff had an induction meeting with the practice manager or assistant practice manager prior to them seeing patients.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Reception staff had received training in how to recognise red flag symptoms.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice now had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment had improved and minimised risks. There was a protocol for the storage of medicines and vaccines that set out individual responsibilities. All medicines were now securely stored and there was evidence they were regularly checked.
- The practice kept prescription stationery securely and monitored its use. Following the inspection in June 2017

all prescription pads kept by individual GPs had been destroyed in the presence of a controlled drug officer. No prescriptions were handwritten and prescriptions were taken out of printers at night and trackable.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. A pharmacist from the clinical commissioning group (CCG) attended weekly and carried out medicine reviews.

### Track record on safety

The practice had a good safety record.

- There were now comprehensive risk assessments in relation to safety issues in place. The fire safety policy had been updated in October 2017 and a full fire risk assessment had been carried out at that time by an external company. We saw evidence that all the required fire safety checks took place. A health and safety risk assessment had also been carried out in October 2017.
- A legionella risk assessment had been carried out in June 2017 by an external company. They provided evidence that no follow-up action was required.
- A health and safety risk assessment had been carried out.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was an improved system for recording and acting on significant events and incidents. Staff had received training in this and understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. They actively encouraged reporting and promoted learning from significant events and incidents.



## Are services safe?

- There were now adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw evidence that significant events were discussed in practice meetings. Learning was documented. For example, additional training on the duty of candour was given to staff following a significant event being reported. All significant events were also reviewed to ensure learning was embedded and there had been no similar occurrences.
- The practice had reported the findings of the CQC inspection in June 2017 as a significant event so they could systematically review what had gone wrong and monitor the improvements that were necessary.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. GPs received medicine alerts and we saw evidence that searches were carried out following medicine alerts being received, and appropriate action taken. The practice kept a spreadsheet documenting all alerts received since September 2017. This was accessible to all staff and contained information about action that had been taken and whether the action had been completed.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 15 June 2017 we rated the practice as requires improvement for providing effective services. There was no evidence that clinical audits were driving improvement in patient outcomes. GPs told us the care of patients with long term conditions was mainly opportunistic and there was no recall system. There was inconsistency in the way patients under the age of 16 were treated. Training was not well organised or recorded, and not all staff had had an appraisal. The Choose and Book service was used but not monitored to ensure appointments were made.**

**These arrangements had significantly improved when we undertook a follow up inspection on 28 February 2018. The practice is now rated as good for providing effective services across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Hypnotics prescribing was high. The prescribing rate from July 2016 to June 2017 was 1.8, compared to the CCG average 1.1 and the national average of 0.9.
- Antibiotic prescribing was high. The prescribing rate from July 2016 to June 2017 was 1.34, compared to the CCG average of 1.14 and the national average of 0.98.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones from July 2015 to June 2016 was 9.5%, compared to the CCG average of 7.7% and the national average of 8.9%.
- The practice had a system in place to ensure all patients on prescribed medicines had regular reviews. We saw evidence that patients prescribed medicines such as disease-modifying antirheumatic drugs (DMARDs, primarily to slow down the progression of rheumatoid arthritis) and lithium (can be used to treat major

depressive disorders) had been recalled at appropriate intervals. Review appointments were arranged by telephone as the practice had found this was the most effective way to contact their patients.

- All pathology results were actioned by the lead GP. There was a process in place to delegate this to a locum GP if they were away from the practice.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Frailty scores were in place for the majority of patients over the age of 65. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services.
- Where appropriate, care plans were in place and these were regularly reviewed by the GPs or healthcare assistant.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. The practice was in the process of recruiting a practice nurse to start work in March 2018. They would take over the responsibility for long-term condition management.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

# Are services effective?

## (for example, treatment is effective)

- Performance for diabetes related indicators was 80%. This was below the CCG average of 88% and the national average of 91%.
- Performance for asthma related indicators was 100%. This was in line with the CCG average of 98% and the national average of 97%.
- Performance for chronic obstructive pulmonary disease related indicators was 96%. This was in line with the CCG average of 96% and the national average of 96%.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were 91%, in line with the target percentage of 90% or above.
- The practice had recognised the concerns raised by patients about childhood nasal flu vaccines containing pork elements. They had worked with the local mosque to raise awareness and routinely offered injections as an alternative.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

### Working age people (including those recently retired and students):

- The practice's uptake for cervical screening for 2016-17 was 74%, which was in line with the CCG average of 73% but below the 80% coverage target for the national screening programme. We saw that the year to date figure for 2017-18 was 77% at the time of our inspection. The GPs were working with the local mosque and the patient participation group (PPG) to raise cancer awareness.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, patients with a learning disability, asylum seekers and patients who were at risk of domestic abuse. The register was reviewed monthly and alerts were placed on patients' records. The practice liaised with a local foodbank where necessary to help homeless patients.
- Patients with a learning disability were offered a longer appointment and a health check.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the 12 months to 31 March 2017. This was above the CCG average of 90% and the national average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the 12 months to 31 March 2017. This was comparable to the CCG average of 89% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 97%. This was above the CCG average of 91% and the national average of 91%.

### Monitoring care and treatment

The practice now had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96%. The overall exception reporting rate was 3% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good

# Are services effective?

## (for example, treatment is effective)

practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- The practice now used information about care and treatment to make improvements.
- The practice was now actively involved in quality improvement activity. We saw evidence that the practice had carried out clinical audits. For example an audit on oral amiodarone, a medicine used for the treatment of severe cardiac rhythm disorders, had taken place in October 2017 and had been repeated in January 2018. It had been found that prescribing was safe and patients had received appropriate checks

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Staff training was well-managed and collated by the practice manager who was aware of when training needed to be repeated.
- The practice now provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. We saw that appraisals had been carried out since the inspection in June 2017 and staff had a development plan in place. Inductions were role-specific and inductions for temporary staff such as locum GPs were documented. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice held monthly multi-disciplinary care meetings where patients with complex needs were discussed and care coordinated. Health visitor meetings took place two monthly at the practice.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. There were monthly palliative care meetings and GPs regularly visited patients on the palliative care register to ensure their care plans were up to date.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- A health trainer attended the practice twice a week to advise patients on healthy lifestyles. They had started health walks in the area primarily to help women become more active. A walking route map was displayed in the waiting room and although the health trainer only led the walks each month the patients walked each week at pre-arranged times.
- The healthcare assistant provided smoking cessation advice to patients.
- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

# Are services effective?

(for example, treatment is effective)

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Staff had received training in the Gillick Competence and clinicians had received Mental Capacity Act 2005 training.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## Our findings

**At our previous inspection on 15 June 2017 we rated the practice as good for providing caring services.**

**At our inspection on 28 February 2018 we also rated the practice and all the population groups as good for providing caring services.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There was an alert on patient records if additional or specific support was required. This included if a patient was hard of hearing, was a vulnerable adult, or was a female patient who was only comfortable seeing a female GP.
- All of the 45 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed most patients felt they were treated with compassion, dignity and respect. 372 surveys were sent out and 93 were returned. This was a completion rate of 25% representing about 3% of the practice population. The practice was usually in line with the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients who responded said the GP was good at listening to them compared with the CCG average of 89% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.

- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.
- 91% of patients who responded said the nurse was good at listening to them; CCG - 92%; national average - 91%.
- 85% of patients who responded said the nurse gave them enough time; CCG - 92%; national average - 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 78% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who could support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Clinicians asked about carers during consultations and some patients volunteered the information. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 64 patients as carers (2% of the practice list).

## Are services caring?

- Carers were offered an annual carer's health check. At the end of December 2017, 57 of the 64 carers had attended for a health check. There was a carers' notice board in the waiting area and this gave information about local support groups. Some information was displayed in Urdu. The practice also had a carers' notice board in the local mosque so the extended community were aware of services they could access.
- Support was offered to patients who had experienced bereavement. The lead GP knew the majority of patients and either telephoned or visited bereaved patients. Counselling was also available locally.

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

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.

The practice complied with the Data Protection Act 1998. Consultation rooms were kept locked. We saw that data protection awareness had been discussed with all staff during a recent meeting.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 15 June 2017 we rated the practice as inadequate for providing responsive services. Clinical complaints were routinely dealt with by the clinician involved, not monitored, not responded to appropriately, and there was no evidence of learning. Although patients could access appointments they told us there was a long waiting time at the practice. We saw evidence of a partner arriving late for surgeries and leaving part way through a surgery. Although patients told us they could normally easily access appointments, the practice manager told us one partner had started to telephone patients to cancel their appointments once made.**

**These arrangements had significantly improved when we undertook a follow up inspection on 28 February 2018. The practice is now rated as good for providing responsive services across all population groups.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. They had extended opening once a week, online services such as prescription ordering were available and appointments could be booked in advance.
- The GPs proactively encouraged female patients to be seen without their husbands so they were able to discuss issues confidentially.
- One of the GPs spoke Urdu and Punjabi. Reception staff also spoke second languages.
- The GPs liaised with the local mosque and provided them with health advice and prevention information as a way of reaching the wider practice community.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.

- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, in a care home or in a supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice, for example carers, if this was necessary.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- A pharmacist attended the practice weekly to carry out medicine reviews.

#### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 10 were offered a same day appointment when necessary.

#### Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were available on Thursdays until 8pm. Evening and weekend appointments were also available at a nearby practice via the GP Federation.



# Are services responsive to people's needs?

## (for example, to feedback?)

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers and those with a learning disability.
- The practice liaised with other services in the area to support vulnerable patients. For example homeless patients and others in need could be referred to a local foodbank and patients who did not speak English as a first language could attend classes held at a nearby school.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice regularly reviewed patients with dementia. They telephoned patients to arrange suitable appointment times and liaised with carers where necessary.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Where a patient needed to be seen urgently GPs arranged for them to attend at the end of their usual surgery.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. The volume of telephone calls was monitored so any access issues could be identified.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was sometimes below local and national averages. Observations on the day of inspection and completed comment cards however

showed patients were satisfied with access. 372 surveys were sent out and 93 were returned. This was a completion rate of 25% representing about 3% of the practice population.

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 67% of patients who responded said they could get through easily to the practice by phone; CCG - 78%; national average - 71%. The practice was liaising with the CCG about improved telephone access.
- 78% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 69% of patients who responded said their last appointment was convenient; CCG - 82%; national average - 81%.
- 72% of patients who responded described their experience of making an appointment as good; CCG - 76%; national average - 73%.
- 28% of patients who responded said they don't normally have to wait too long to be seen; CCG - 51%; national average - 58%. There had been several staffing changes since these results were published and a new system to manage waiting time had started. Following the inspection in June 2017 GPs had now included a gap in appointment times each hour to catch up if necessary. It was documented in the patient participation group (PPG) meeting minutes in February 2018 that the group was pleased waiting times had reduced. We also spoke with two members of the PPG. They both told us they had noticed waiting times had reduced during the previous few months. They said that changes to GPs had had an effect on waiting times.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and now responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

## Are services responsive to people's needs? (for example, to feedback?)

- The complaint policy and procedures had been reviewed in October 2017 and were now in line with recognised guidance. We reviewed the complaints that had been received in the past year. These had all been appropriately investigated in a timely way and in line with the updated policy and procedures. Responses to patients provided them with all the required information.
- The practice could now demonstrate that it learned lessons from individual concerns and complaints and also from analysis of trends. It now acted as a result to improve the quality of care. Complaints was a standing agenda item for practice meetings, and we saw well-recorded discussion around complaints and learning from them.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 15 June 2017 we rated the practice as inadequate for providing well-led services. There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Recording of significant events was not consistent and there was no evidence of learning from significant events. Training was not adequately monitored or recorded. Out of date information was on the practice website. Some documents contained incorrect information. The process for employing new staff, particularly around ensuring references matched employments histories, needed strengthening. There was no programme of continuous clinical and internal audit to monitor quality and to make improvements. Although we saw evidence of regular meetings these were not well-recorded so it was difficult to see what had been discussed.**

**These arrangements had significantly improved when we undertook a follow up inspection on 28 February 2018. The practice is now rated as good for providing well-led services.**

### Leadership capacity and capability

Leaders had demonstrated that they had the ability to make improvements and the capacity and skills to deliver high-quality, sustainable care.

- The leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They had engaged with the Royal College of General Practitioners (RCGP) following the inspection in June 2017 and had received regular support from them.
- Following the CQC inspection in June 2017 there had been some personnel changes which had been managed by the practice. This included one of the two GP partners, the locum practice nurse and the locum practice manager leaving.
- The previous practice manager who had also been a locum GP was a new partner. They continued to be the practice manager, with support from a new assistant practice manager, whilst also maintaining regular GP surgeries.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us they felt fully involved in the practice, and meeting minutes reflected that the whole team had been involved in making improvements to the practice.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision, set of values and a mission statement. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. The practice was looking at ways to engage further with the local community. They had been invited to the local mosque to give health talks, including on cancer prevention and awareness. The practice manager told us they provided health promotion and awareness notices for the mosque.
- The practice had identified that major improvements were required to future-proof the practice environment. The change in partnership had enabled them to progress plans to make the improvements. We saw evidence of liaison with the clinical commissioning group (CCG) and Bolton Council where plans had been assessed. The practice anticipated that improvement would be started within the following few months.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to

# Are services well-led?

Good 

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

meet the needs of the practice population. A practice nurse was being recruited to start in March 2018 and the practice was looking to increase their GP capacity in the future.

- The practice monitored progress against delivery of the strategy.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. They said leaders were helpful and approachable.
- Staff stated there was a no blame culture at the practice and learning was encouraged. The practice manager explained they had been keen to learn following the CQC inspection in June 2017, and they had sought support from others when making their improvements.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance that was inconsistent with the practice's vision and values. There had been some staff changes in the previous months.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Patients received an apology when required and staff training was organised if additional needs were identified. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

- There was a strong emphasis on the safety and well-being of all staff. The partners were committed to supporting staff if patients were challenging.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were now clear responsibilities, roles and systems of accountability to support improved governance and management.

- Structures, processes and systems to support good governance and management had been updated, were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. Several processes had been improved in the previous few months and staff said the processes were now systematic and embedded.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice had added the new partner to their CQC registration.

## Managing risks, issues and performance

There were now improved, clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- New policies had been put in place and risk assessments carried out. We saw the procedure put in place for carrying out regular safety checks. All regular safety checks, such as for fridge temperatures, the fire alarm, the defibrillator and emergency lighting, were recorded on one form. It was the responsibility of the

# Are services well-led?

Good 

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

reception staff to carry out the relevant checks at the beginning of each day, and we saw the system was failsafe, with the practice manager having oversight of the process.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints, and these were shared with staff as appropriate. NICE updates were also discussed in meetings. Minutes were kept of these discussions.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality, and the partners planned to increase audit activity.
- A health trainer employed by the CCG attended the practice twice a week. They had recently had further training to become a health improvement contractor and from April 2018 they would be attending the practice three days a week. Their role was expanding so they could carry out asthma reviews and diabetic checks.
- The practice had plans in place and had trained staff for major incidents. They had updated their business continuity plan in November 2017.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had engaged with the Royal College of General Practitioners (RCGP) and the CCG as part of their future plans to improve the service.
- There was an active patient participation group (PPG). The number of patients attending had increased since the inspection in June 2017. PPG members were able to suggest improvements to the practice and the practice manager also used it as a way to promote health awareness, so this information could be shared in the wider community. For example, they had recently talked about bowel cancer screening, and they planned to show the PPG the testing kit at the next meeting to further promote screening. We spoke with two members of the PPG. They told us they had been consulted following the CQC inspection in 2017. They said the practice had been honest with them and kept them informed of improvements they were making. The PPG members told us they had noticed improvements in the previous few months.
- The practice monitored the NHS Friends and Family Test results and NHS Choices so any issues could be dealt with.
- The service was transparent, collaborative and open with stakeholders about performance.

# Are services well-led?

Good 

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

## Continuous improvement and innovation

There were now improved systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them. These were documented in the monthly practice meeting minutes.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements, and this was documented.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.