Dr Karim & Dr James-Authe

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Karim & Dr James-Authe on 17 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

Whilst we acknowledge the provider was committed to address the risks in respect of fire safety they must take action to ensure they reduce or remove the risks within a timescale that reflects the level of risks on people who use the services.

The provider must ensure that oxygen is available for emergency use when planning and delivering care and, where appropriate, treatment in such a way as to ensure the welfare and safety of patients.

A risk assessment had not been conducted in respect of assessing the potential risk from legionella (a bacterium

Summary of findings

which can contaminate water systems in buildings). We saw evidence that formal arrangements had been made for a legionella risk assessment to be conducted in the month following our visit.

We identified one area where the provider should make improvement:

We noted that consultation rooms at both locations were situated on the ground and first floors. There was no passenger lift at either premises. Therefore the practice accommodated patients with a disability or who found it difficult to negotiate stairs in the consultation rooms on the ground floors. We are of the view that the practice should consider extending this arrangement for patients attending their children's vaccination clinics. The current arrangement means that parents and children have to go up quite steep stairs for vaccines to be administered before descending again to see a GP.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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. Our specific concerns related to infection control and dealing with emergencies including fire safety.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

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

We saw positive examples of joint working with midwives, health visitors and school nurses.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

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

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

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  94% of patients with schizophrenia, bi-polar disorder and other psychoses had a comprehensive, agreed care plan documented in the record (compared to the national average of 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was mainly performing better or in line with local and national averages. There were 376 surveys sent out with 121 responses which represents a 32% completion rate, and is about 3% of the total practice population.

- 86% find it easy to get through to this surgery by phone compared with the national average of 73%.
- 88% find the receptionists at this surgery helpful compared with the national average of 87%.
- 76% were able to get an appointment to see or speak to someone the last time they tried compared the national average of 85%.
- 89% say the last appointment they got was convenient compared with the national average of 92%.
- 71% describe their experience of making an appointment as good compared with the national average of 73%.
- 58% feel they don't normally have to wait too long to be seen compared with the national average of 58%.

We spoke with eight patients who used the service prior to and on the day of our inspection and reviewed 14 completed CQC comment cards. The patients we spoke with were very complimentary about the service and the care and treatment they received. Patients told us that all the practice team treated them respectfully and in a person-centred way. The comments on the cards provided by CQC were also very complimentary about the service provided and the access to that service. We noted that patients spoken with and written comments we received reflected improvements in accessing appointments over recent months.

Dr Karim & Dr James-Authe

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 and a practice manager specialist advisor.

Background to Dr Karim & Dr James-Authe

Dr Karim and Dr James-Authe is a GP practice situated in the Wyresdale Road and Halliwell Road areas of Bolton. At the time of this inspection we were informed 4052 patients were registered with the practice.

The practice population experiences higher levels of income deprivation than the practice average across England. There is a similar proportion of patients above 65 years of age (15%) to the practice average across England (16%). The practice has a similar proportion of patients under 18 years of age (22%) than the practice average across England (23%). 62 per cent of the practice's patients have a longstanding medical condition compared to the practice average across England of 57%.

At the time of our inspection two GP partners and a long term locum GP were providing primary medical services to patients registered at the practice supported. The GPs were supported in providing clinical services by two practice nurses, one health care assistant and a practice pharmacist. Clinical staff were supported by the practice manager and the members of the practice reception/ administration team.

The opening times of the Wyresdale Road surgery were Monday to Friday 8am to 6.30pm. The opening times of the Halliwell Road branch Surgery were Monday to Friday 9am to Noon and 3pm to 6pm. The practice is closed on Saturday and Sunday. 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 the 111 service and Bury and Rochdale Doctors (BARDOC). The practice website and patient information leaflet available at the practice details how to access medical advice when the practice is closed. Patients are also provided with these details via a recorded message when they telephone the practice outside the usual opening times.

The practice contracts with NHS England to provide General Medical Services (GMS) 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 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?

Detailed findings

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

• Older people

• People with long-term conditions

• Families, children and young people

• Working age people (including those recently retired and students)

• People whose circumstances may make them vulnerable

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 17 March 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.

Requires improvement

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 NHS 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 used a significant event reporting system. We reviewed safety records and incident reports. 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. We looked at records of clinical and practice meetings that reflected such discussions regularly took place.

Overview of safety systems and processes

- 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. Staff demonstrated they understood their responsibilities. They told us that they had been provided with safeguarding training. We looked at staff training records that reflected staff were being provided with regular appropriate safeguarding training in respect of children and vulnerable adults. 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 clinical staff who acted as chaperones were had undergone a disclosure and barring check (DBS). We noted that non-clinical staff had been provided with chaperone training and had undergone DBS checks. 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.
- 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, fire risk assessments and had appointed two trained fire marshals. Whilst it was evident that requirements identified in the fire risk assessment for the Wyresdale Road surgery had been completed this was not the case at the Halliwell Road Branch surgery. The fire risk assessment for the Halliwell Road branch surgery (conducted in June 2015) included the requirements to install a fire alarm, smoke detectors and emergency lighting at the premises. We were informed and saw evidence that these requirements were in the process of being addressed within a month of our visit. A risk assessment had not been conducted in respect of assessing the potential risk from legionella (a bacterium which can contaminate water systems in buildings). We saw evidence that formal arrangements had been made for a legionella risk assessment to be conducted in the month following our visit. Whilst we acknowledge the provider was committed to address the risks in respect of fire safety and legionella they must take action to ensure they reduce or remove the risks within a timescale that reflects the level of risks on people who use the services.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control lead. There was an infection control protocol in place and staff had received up to date training. A recent internal Infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We looked at the arrangements for managing medicines, including emergency drugs and vaccinations in the practice (including the obtaining, prescribing, recording, handling, storing and security of medicines). The practice pharmacist was in the process of reviewing medicines management at the practice. 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. 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 example, proof of identification, references, qualifications and registration with the appropriate professional body. All the clinical staff had undergone DBS checks as had non-clinical staff who acted as chaperones.
- 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.

Arrangements to deal with emergencies and major incidents

Staff told us they received annual basic life support training and this was confirmed when we looked at staff training records. A defibrillator was provided at both premises. Emergency medicines were provided at both premises in a secure area of the practice and all staff knew of their location. All the emergency medicines were regularly checked to ensure they were in date and fit for use. However at the time of our visit oxygen was not available for emergency use at the Wyresdale Road surgery or the Halliwell Road branch surgery. Oxygen is considered essential in dealing with certain medical emergencies. The provider must ensure that oxygen is available for emergency use when planning and delivering care and, where appropriate, treatment in such a way as to ensure the welfare and safety of patients. We discussed this with the provider. They responded by securing a supply of oxygen for both sites within 24 hours of our visit. We were provided with documentary evidence of this.

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.

Good

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 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 documentation relating to two such projects was seen relating to medicines prescribed and particular medical conditions. We saw evidence of informal individual peer review and support to discuss issues and potential improvements in respect of clinical care. There was a strong network of informal communication between the clinicians that was supplemented by regular documented practice clinical meetings to support and embed the learning from such audits.

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).

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.

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 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. The clinicians had established good systems of communication with other health care professionals to plan and co-ordinate the care of patients (including those

Good

Are services effective?

(for example, treatment is effective)

near the end of their life). We saw records of meetings with other health and social care professionals. There was 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. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the 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 patients also benefitted from regular health promotion and prevention support provided by a qualified health trainer who attended each site on alternate weeks.

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 and written 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.

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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with eight patients who used the service on the day of our inspection and reviewed 14 completed CQC comment cards. The patients we spoke with were very complimentary about the service.

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 January 2016 GP patient survey reflected that 82% of respondents said the last GP they saw or spoke to was good at treating them with care and concern (CCG average; 87%,England average; 85%). 94% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average; 90%, England average; 91%). 99% of respondents had confidence and trust in the last GP they saw or spoke to (CCG average; 96%, England average; 95%). 98% of respondents had confidence and trust in the last nurse they saw or spoke to CCG average; 96%, England average; 95%).

We observed staff to be respectful, pleasant and helpful 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 or one of the GP partner. 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. Results from the January 2016 national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above local and national averages. For example 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%. 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%

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 accessible if required.

Patient and carer support to cope emotionally with care and treatment

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

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 about 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.

Good

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. A GP regularly attend meetings with Bolton CCG and subsequently updates colleagues at the practice with relevant information. We noted communication between staff within the practice and with external health care providers appeared to be good.

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. 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.

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 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 area and a suite of consultation and treatment rooms. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. 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 dementia. People in vulnerable circumstances were able to register with the practice.

Access to the service

We spoke with eight patients who used the service on the day of our inspection and reviewed 14 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 mornings and securing an appointment to see a clinician. There was a system of same day and pre-bookable appointments. All children under 12 years of age were seen

Good

Are services responsive to people's needs?

(for example, to feedback?)

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 (and order repeat prescriptions) by telephone and online and access telephone consultations with clinicians.

We noted that consultation rooms at both locations were situated on the ground and first floors. There was no passenger lift at either premises. Therefore the practice accommodated patients with a disability or who found it difficult to negotiate stairs in the consultation rooms on the ground floors. We are of the view that the practice should consider extending this arrangement for patients attending their children's vaccination clinics. The current arrangement means that parents and children have to go up quite steep stairs for vaccines to be administered before descending again to see a GP.

The results of the January 2016 GP survey reflected 68% of respondents were satisfied with the surgery's opening hours. 86% of the respondents found it easy to get through to the practice by phone. 76% were able to get an appointment to see or speak to someone the last time they tried and 88% said the last GP they saw or spoke to was good at giving them enough time. 88% of respondents found the receptionists at the practice helpful. Also 89% said the last appointment they got was convenient and 71% described their experience of making an appointment as good. 68% said they would recommend this surgery to someone new to the area.

The opening times of the Wyresdale Road surgery were Monday to Friday 8am to 6.30pm. The opening times of the Halliwell Road branch Surgery were Monday to Friday 9am to Noon and 3pm to 6pm. The practice is closed on Saturday and Sunday. 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 the 111 service and Bury and Rochdale Doctors (BARDOC). The practice website and patient information leaflet available at the practice details how to access medical advice when the practice is closed. Patients are also provided with these details via a recorded message when they telephone the practice outside the usual opening times.

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

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. This included notices and a complaints information in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

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

Are services well-led?

Good

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

Our findings

Vision and strategy

There was an 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 the lead GPs and other members of the practice team supported that this perception of the practice was widely shared. It was explained to us that the practice had undergone a wide ranging review of its management structure, operating systems, processes and premises over the last 18 months. We saw evidence that many changes had been introduced to improve the quality of the services provided to patients and the support provided to staff. There was a strong commitment to embed these improvements and a clear vision and strategy had been developed to implement the practice's plans for the future. One of the partner GP's provided strong leadership in respect of change at the practice. All the staff we spoke with clearly valued the changes and improvements made and it was evident to us that they too were committed to continuing the programme of improvement at the practice.

Governance arrangements

There were 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. The clinicians and practice manager actively participated and interacted with Bolton 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 documentation relating to two such projects was seen relating to medicines prescribed and particular medical conditions. We saw evidence of informal individual peer review and support to discuss issues and potential improvements in respect of clinical care. There was a strong network of informal communication between the clinicians that was supplemented by regular documented practice clinical meetings to support and embed the learning from such audits.

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.

Leadership, openness and transparency

The service was transparent, collaborative and open about performance. There was a clear leadership structure. We spoke with nine 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

Are services well-led?

Good

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

friends and family test and complaints received. A PPG had been formed to discuss proposals for improvements with the practice management team. The practice explained this group remained small in numbers despite vigorous attempts to recruit new members.

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.

GPs were supported to obtain the evidence and information required for their professional revalidation. This was where doctors demonstrate to their regulatory body, The General Medical Council (GMC), that they were up to date and fit to practice.

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

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice had a fire safety policy, fire risk assessments and had appointed two trained fire marshals. Whilst it was evident that requirements identified in the fire risk assessment for the Wyresdale Road surgery had been completed this was not the case at the Halliwell Road branch surgery. The fire risk assessment for the Halliwell Road branch surgery (conducted in June 2015) included the requirements to install a fire alarm, smoke detectors and emergency lighting at the premises. We were informed and saw evidence that these requirements were in the process of being addressed within a month of our visit. Whilst we acknowledge the provider was committed to address the risks in respect of fire safety they must take action to ensure they reduce or remove the risks within a timescale that reflects the level of risks on people who use the services. Regulation 12(2)(d)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment At the time of our visit oxygen was not available for emergency use at the Wyresdale Road surgery or the Halliwell Road branch surgery. Oxygen is considered essential in dealing with certain medical emergencies. The provider must ensure that oxygen is available for emergency use when planning and delivering care and, where appropriate, treatment in such a way as to ensure the welfare and safety of patients. Regulation 12(2)(h)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment A risk assessment had not been conducted in respect of assessing the potential risk from legionella (a bacterium which can contaminate water systems in buildings). We saw evidence that formal arrangements had been made for a legionella risk assessment to be conducted in the month following our visit. Whilst we acknowledge the provider was committed to address the risks in respect of legionella they must take action to ensure they reduce or remove the risks within a timescale that reflects the level of risks on people who use the services. Regulation 12 (2)(h)