Dr Chidananda Barua

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Chidananda Barua on 17 May 2016. Overall the practice is rated as inadequate.

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

- Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated to practice staff and so safety was not improved.
- Patients were at risk of harm because systems and processes were not in place or effective enough to keep them safe. For example we found areas of concern in respect of safeguarding training, staff recruitment, infection control prevention, medicines management and dealing with emergencies.
- We found evidence that care plans were not a priority in the practice, for example, no care plans had been developed for six out of eight patients on the palliative care register.
- Staff told us they had access to relevant training but documented evidence of attendance was not available.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Practice staff reviewed the needs of its local population and engaged with NHS England and the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an urgent appointment on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had not proactively sought feedback from staff around the services provided.
- The practice lacked an overarching governance framework which supported the delivery of the strategy of good quality care.

Summary of findings

The areas where the provider must make improvements are:

- Ensure that effective systems are in place to communicate, analyse and learn from incidents.
- Ensure all staff have undertaken safeguarding training.
- Ensure prescription forms and pads are tracked through the practice and held securely as per national guidelines.
- Ensure staff recruitment arrangements to include all necessary employment checks such as Disclosure and Barring checks and professional indemnity arrangements are in place.
- Ensure risks are effectively managed. For example ensure an assessment has been undertaken in relation to managing medical emergencies which considers the need for oxygen and a defibrillator to be kept for use on the premises.
- Ensure infection control is appropriately managed. For example ensure arrangements are in place with regard to infection control audits ensuring actions identified are dealt with, the cleaning of privacy curtains and ensuring sharps boxes are kept out of reach of young children.
- Ensure an accurate record of staff training is maintained and that staff undertake appropriate training.
- Introduce formal governance arrangements including systems for assessing and monitoring health and safety risks and the quality of the service provision.

The areas where the provider should make improvement are:

- There was no system in place to record verbal complaint and comments made.
- There was no plan of how to improve GP survey results.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated to practice staff.
- Patients were at risk of harm because systems and processes were not in place, had weaknesses, or were not implemented in a way to keep them safe. For example we found areas of concern in respect of staff recruitment, infection control prevention, medicine management and dealing with medical emergencies.
- There was insufficient attention to safeguarding training.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services and improvements must be made.

- No documented care plan had been developed for six of the eight patients on the palliative care register.
- Staff told us they accessed relevant training but there was no documented evidence to show what training staff had completed.
- There was only limited evidence that quality improvement programmes including clinical audit was driving improvement in patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey and surveys showed mixed results with patients rating certain areas lower or similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- Less than 1.5% of carers had been identified from the patient population.

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 NHS England and the 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However verbal complaints were not always documented and there was no system to identify emerging trends and themes.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice did not hold regular governance meetings and significant issues were discussed at ad hoc meetings that were not recorded.
- The practice had not proactively sought feedback from staff.
- The governance framework was ineffective and did not identify and respond to concerns and risks.
- There was little evidence to demonstrate innovation or service development.

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

Inadequate

The Provider is rated as inadequate for safety and for well-led and requires improvement for effective and caring with good for responsive. The issues identified as inadequate overall affect all patients including this population group.

- 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

Inadequate

The Provider is rated as inadequate for safety and for well-led and requires improvement for effective and caring with good for responsive. The issues identified as inadequate overall affect all patients including this population group.

- 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.

Families, children and young people

Inadequate

The Provider is rated as inadequate for safety and for well-led and requires improvement for effective and caring with good for responsive. The issues identified as inadequate overall affect all patients including this population group.

- No system was in place to follow up patients under 5 years of age who had not attended hospital or practice appointments.
- 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.
- There was insufficient attention to safeguarding children.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

The Provider is rated as inadequate for safety and for well-led and requires improvement for effective and caring with good for responsive. The issues identified as inadequate overall affect all patients including this population group.

- 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 open after working hours to accommodate working age people.

People whose circumstances may make them vulnerable

Inadequate

The Provider is rated as inadequate for safety and for well-led and requires improvement for effective and caring with good for responsive. The issues identified as inadequate overall affect all patients including this population group.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- There was insufficient attention to safeguarding children and vulnerable adults.

People experiencing poor mental health (including people with dementia)

Inadequate

The Provider is rated as inadequate for safety and for well-led and requires improvement for effective and caring with good for responsive. The issues identified as inadequate overall affect all patients including this population group.

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.

Summary of findings

- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which is comparable to the national average.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results for the practice was published in January 2016. There were 339 surveys sent out with 107 responses which represents a 32% completion rate, and is approximately 3% of the total practice population.

- 79% find it easy to get through to this surgery by phone compared with the national average of 73%.
- 90% find the receptionists at this surgery helpful compared with the national average of 87%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 85%.
- 96% say the last appointment they got was convenient compared with the national average of 92%.
- 67% describe their experience of making an appointment as good compared with the national average of 73%.
- 38% feel they don't normally have to wait too long to be seen compared with the national average of 58%.

We spoke with 15 patients who used the service prior to and on the day of our inspection and reviewed 33 completed CQC comment cards. The patients we spoke with were very positive about the quality of the service provided and the care and treatment they received. Patients told us that all the practice team treated them with respect and in an inclusive way. The comments on the cards provided by CQC were also very positive about the services provided and the access to that service.

Areas for improvement

Action the service MUST take to improve

- Ensure that effective systems are in place to communicate, analyse and learn from incidents.
- Ensure all staff have undertaken safeguarding training.
- Ensure prescription forms and pads are tracked through the practice and held securely as per national guidelines.
- Ensure staff recruitment arrangements to include all necessary employment checks such as Disclosure and Barring checks and professional indemnity arrangements are in place.
- Ensure risks are effectively managed. For example ensure an assessment has been undertaken in relation to managing medical emergencies which considers the need for oxygen and a defibrillator to be kept for use on the premises.
- Ensure infection control is appropriately managed. For example ensure arrangements are in place with regard to infection control audits ensuring actions identified are dealt with, the cleaning of privacy curtains and ensuring sharps boxes are kept out of reach of young children.
- Ensure an accurate record of staff training is maintained and that staff undertake appropriate training.
- Introduce formal governance arrangements including systems for assessing and monitoring health and safety risks and the quality of the service provision.

Action the service SHOULD take to improve

- There was no system in place to record verbal complaint and comments made.
- There was no plan of how to improve GP survey results.

Dr Chidananda Barua

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Inspector and two specialist advisors (a GP and a practice manager). Our inspection team also included an Expert by Experience who is a person who uses services and wants to help CQC to find out more about people's experience of the care they receive.

Background to Dr Chidananda Barua

Dr Chidananda Barua is a GP practice situated in the Farnworth area of Bolton and is within the Bolton Clinical Commissioning Group area. At the time of this inspection 3,300 patients were registered with the practice.

The practice population experiences much higher levels of income deprivation than the practice average across England. There is a higher proportion of patients above 65 years of age (17.5%) compared to the practice average across England (16%). The practice has a similar proportion of patients under 18 years of age (23%) than the practice average across England (23%). 52 per cent of the practice's patients have a longstanding medical condition compared to the practice average across England of 57%.

The provider GP (male) and two other GPs (one male and one female working on a sessional basis) provide primary medical services to patients registered at the practice. The GPs are supported in providing clinical services by two practice nurses, a health care assistant, a phlebotomist and a health care trainer. Clinical staff are supported by the practice manager, assistant practice manager practice managers and five members of the practice administration/ reception team.

The opening times of the practice are Monday, Tuesday, Wednesday, Friday 8am to 6.30pm and Thursday 8am to 7.30pm. Patients are also able to access booked appointments at weekends and bank holidays at one of the two local GP hubs. 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 On Call (BARDOC). Patients are 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.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

Detailed findings

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

• Older people

• People with long-term conditions

• Families, children and young people

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

• People whose circumstances may make them vulnerable

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

The inspection team also :-

- 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 May 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, and were told about any actions to improve processes to prevent the same thing happening again. The practice could not demonstrate to us that they had carried out an overall analysis of the significant events. We reviewed safety records, incident reports, patient safety alerts and records of practice staff meetings. The only record of staff meetings we were provided with related to a staff meeting in November 2015 (we were informed no other minutes of such meetings were available). We saw no evidence that lessons learnt were shared to ensure that any actions taken improved safety at the practice. Staff we spoke with were unaware of any lessons learnt from incidents within the practice. There was no formal system to review if actions taken following significant incidents had been effective and sustained.

Overview of safety systems and processes

Policies were in place that were intended to safeguard children and vulnerable adults from abuse. These policies reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member (the provider) of staff for safeguarding and a deputy lead. The provider attended safeguarding meetings when possible and provided reports where necessary for other agencies. There was no evidence that safeguarding issues were discussed at practice meetings. Discussion with staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. The provider had undertaken recent safeguarding level 3 training. There was no evidence available to demonstrate that one of the GPs working at the practice had undertaken this training. No system was in place to follow up patients under 5 years of age who had not attended hospital or practice appointments.

- Notices advised patients that chaperones were available if required. We noted that some of the administrative/reception staff had been provided with chaperone training but did not carry out chaperone duties. Clinical staff that provided chaperone duties had received a DBS check. (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 observed the premises to be generally clean and tidy. We were informed that the cleaning in the practice was the responsibility of cleaners contracted by the buildings management team. However the practice was unable to provide us with any schedule of cleaning or any audits to demonstrate that the cleanliness of the practice was monitored or reviewed by the practice. One of the clinicians took the lead in respect of infection control. There was an infection control policy in place. Not all staff had received infection control training. We saw one undated infection control audit (we were informed no others were available). This audit did not identify any issues or actions required. During our visit we noted that the privacy curtains in consulting rooms were not dated (to identify when they had been put up/ required to be changed), in two consulting rooms they were torn, and in one consulting room they were stained. Sharps containers where dated and signed. However in one consulting room the sharps container was on the floor which could be a safety issue with children putting their hands inside. Elbow taps, liquid soap, paper towels and instructions regarding hand washing techniques were seen in the consulting rooms.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed the frequency of medicines audits at the practice. We saw that of patients on any medication only 24% had been reviewed in the previous 12 months, and of those on four medicines or more only 40% had been reviewed in the previous 12 months. The practice indicated that the low figures were possibly due to poor coding by GP's but no evidence was provided to

support this. There was no call/recall system for medicines reviews. Where medicines reviews were completed these were done opportunistically. Blank prescription forms and pads were not being securely stored. We saw two boxes of blank prescriptions in an unlocked cupboard. There was no system to log the serial numbers or location of blank prescription forms.

- We reviewed the arrangements to recruit staff to the practice. We asked to see the personnel files of five staff at the practice. One file (administrative staff) contained the required information and checks. Two clinical staff files did not contain evidence of professional indemnity insurance cover. The provider submitted evidence to us after the inspection to demonstrate such insurance had now been arranged. There was no information/ documentation provided to us with evidence that the required recruitment information specifically relating to photographic ID for one member of the clinical staff and a DBS check for a GP. Since the inspection the practice has provided us with evidence had obtained a DBS check for the GP.

Monitoring risks to patients

- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. A risk assessment in respect of legionella was a place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Actions identified within this risk assessment had been actioned and monitored. We saw a health and safety risk assessment dated February 2016 that identified required actions to be completed within six weeks. There was no evidence to demonstrate these actions had been addressed or completed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had identified the need to employ another practice nurse and were actively recruiting to this post at the time of our inspection visit.

Arrangements to deal with emergencies and major incidents

- There was a system in place that alerted staff to an emergency. All staff received regular basic life support training and there were emergency medicines available. We were told by the provider that the practice had access to a defibrillator and oxygen at another practice in the same building. When we asked the other practice they said this was not the case. There was no risk assessment in place to demonstrate what impact the absence of a de-fibrillator or oxygen may have in respect of patient safety.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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.

Requires improvement

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 clinicians 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 could provide no evidence of informal or formal internal individual peer review and support to discuss issues and potential improvements in respect of clinical care.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.2% of the total number of points available, with 5.2% exception reporting, compared with the overall CCG exception rate of 7.8% .

The practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 or less was 82% compared to 80% within the CCG area and 78 % nationally.
- Performance for mental health related indicators was similar to the national average. For example the percentage of patients with schizophrenia, bipolar effective disorder and other psychoses who have a comprehensive agreed care plan documented in the record in the preceding 12 months was 89% compared to 90% within the CCG area and 88% nationally.

There was a system in place to show that quality improvement cycles were improving patient care. 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 the local CCG. We saw documentation relating to two such audits regarding medicines and medical conditions.

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 or access of care, treatment or support.

Effective staffing

Clinical and non-clinical staff we spoke with said they were encouraged and had been able to access training that was relevant to their role and responsibilities. Whilst it was possible to identify that some staff had received some training in specific areas there was evidence that not all required training had been undertaken. The extent of training undertaken or that outstanding was difficult to confirm as records were incomplete. For example we could see evidence that staff had completed basic life support training. We were informed that infection control training still needed to be organised for most staff. It could not be confirmed if all clinical staff had undertaken safeguarding training. Whilst we saw some evidence of staff appraisal documentation this was limited in detail and we were unable to determine that an effective system of staff appraisal was embedded at the practice.

The provider was up to date with their yearly continuing professional development requirements and had been revalidated. (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).

Requires improvement

Are services effective?

(for example, treatment is effective)

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 mechanisms to make such referrals promptly and this ensured patients received effective, co-ordinated and integrated care. We saw referrals were assessed appropriately 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 were told that clinicians at the practice followed a multidisciplinary approach in the care and treatment of their patients. We were also informed that the practice had established good systems of communication with other health care professionals to plan and co-ordinate the care of patients (including those near the end of their life). We asked to see the documented minutes of these meetings. We were provided with a record of one meeting. This related to a gold standards framework (GSF) meeting held in March 2015. We were informed no other minutes of such meetings were available.
- We looked at what care planning arrangements had been made for the eight patients on the practice's palliative care register. No documented care plan had been developed for six of these patients. In respect of the other two patients their care plans were not fully completed and lacked clinical details. There was no evidence that either of the two patients had been provided with a copy of their care plan. One care plan had not been updated since June 2014 and the other not since July 2014. However we saw evidence that 89% of patients with dementia had a care plan in place.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Care plans required by patients over 75 years of age were completed by Bolton integrated care team who provided each patient with a copy to keep at home.
- 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

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.

Supporting patients to live healthier lives

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 the practice twice a week.

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 national averages. For example vaccinations given to under two year olds ranged from 79% to 97% and five year olds from 81% to 97%. Flu vaccination rates for the over 65s were comparable to 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice operated a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78% which was slightly lower than the CCG and national average of 82%. 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.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with 15 patients who used the service prior to and on the day of our inspection and reviewed 33 completed CQC comment cards. The patients we spoke with were very positive about the quality of the service provided and the care and treatment they received. Patients told us that all the practice team treated them with respect and in an inclusive way. The comments on the cards provided by CQC were also very positive about the services provided and the access to that service.

Results from the national GP survey showed patients felt they were treated with compassion, dignity and respect. The practice was just below or similar to local and national averages on consultations with GP's and nurses. For example:

- 80% of patients said the last GP they saw or spoke to was good at treating them with care and concern (CCG average; 87%, England average; 85%).
- 88% of patients said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average; 90%, England average; 91%).
- 95% of patients had confidence and trust in the last GP they saw or spoke to (CCG average; 96%, England average; 95%).
- 98% of patients 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 told us that 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 was offered.

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 managers or one of the GP partners. 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 identified patients responses to questions about their involvement in planning and making decisions about their care and treatment were below local and national averages. For example:

- 77% of patients 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%.
- 78% of patients 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%.
- 79% of patients said the last nurse they spoke to was good at involving them in decisions about their care compared with 85% locally and nationally.

We were not given any reasons as to why the scores were lower than local and national averages and there was no plan in place to address the issues.

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

Requires improvement

Are services caring?

them and those close to them. The practice told us they took action to identify, involve and support patient's carers. Less than 1.5% (45 carers had been identified on the practice carer's register). 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 reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Bolton Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments on Thursday evenings for working patients and schoolchildren who could not attend during normal opening hours.
- Patients were also able to access booked appointments at weekends and bank holidays at one of the two local GP hubs.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and a translation services available.
- Nurses had lead roles in chronic disease management and identified patients a risk of hospitalisation.
- Longer appointments were available for patients with a learning disability.

Access to the service

The opening times of the practice were Monday, Tuesday, Wednesday, Friday 8am to 6.30pm and Thursday 8am to 7.30pm. Patients are also able to access booked appointments at weekends and bank holidays at one of the two local GP hubs. 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 On Call (BARDOC). Patients were provided with these details via a recorded message when they telephone the practice outside the usual opening times. The practice carried out an annual patient survey which encouraged patients to give their views on access to the service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed compared with the national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 79% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint. The practice kept a complaints log for written complaints. We looked at the single formal complaint the practice received in the last 12 months and found this had been satisfactorily dealt with.

We were informed that only formal complaints were recorded and that 'informal complaints' were managed and resolved at the time and not recorded. There was therefore no opportunity to monitor all trends and themes around complaints.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The provider and practice manager described to us a value system which sought to ensure the delivery of a high quality service to patients. However the value system was not documented so other staff and patients were unaware of it. There was no clear vision in place.

Governance arrangements

The overarching governance framework within the practice was weak and did not support the delivery of safe and effective care.

- Whilst a system of clinical audit was in place there was a lack of internal checks and audits to monitor the quality of the service, identify issues and make improvements. Significant issues that threaten the delivery of safe and effective care were not identified or adequately managed. Patients were at risk of harm because systems and processes were not in place, or had weaknesses, or were not implemented in a way to keep them safe. For example we found areas of concern in respect of safeguarding training, staff recruitment, infection control prevention, medicine management and dealing with emergencies.
- An understanding of the performance of the practice was not consistent. The practice did monitor QOF performance but there were no plans in place to improve GP survey results. The practice was not keeping up to date with patient medication reviews and there was no plan to make improvements.

Leadership and culture

On the day of inspection the provider and practice manager told us that they thought they had the experience, capacity and capability to run the practice and ensure high quality care. They told us how they prioritised safe, high quality and compassionate care. However the practice leaders had not identified the shortfalls in the service provision that were found at the inspection. Staff told us the provider and practice manager were approachable and supportive.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). If things went wrong with care and treatment:

- The practice knew to give affected people reasonable support, truthful information and a verbal and written apology.
- The practice did not keep written records of verbal interactions as well as written correspondence.

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

The practice had gathered feedback from patients through the patient participation group (PPG). We spoke with members of the PPG prior to our visit. They spoke positively in respect of the management of the practice who they said encouraged them to express their views, listening to those views and responding positively to them.

There was a lack of opportunity for staff to meet formally on a regular basis to discuss developments at the practice and to discuss and learn from significant events and complaints. The provider had made no arrangements to obtain the views of staff about the quality of care provided to the practice population.

Continuous improvement

There was little evidence to demonstrate innovation or service development. There was minimal evidence of learning and reflective practice. Clinical and non-clinical staff we spoke with said they were encouraged and were enabled to access training that was relevant to their role and responsibilities.

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 Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met**: Appropriate systems and processes were not in place to be confident that suitable people were employed by the practice including a lack of evidence showing professional indemnity insurance arrangements were in place. 19(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met** Appropriate systems, processes and equipment were not in place to ensure patients received safe care and treatment. The practice did not have any oxygen or a defibrillator. There was no effective system to ensure that patients received medicine reviews when required. Prescriptions were not safely managed. Infection control was not effectively managed. A sharps container was not appropriately located. 12 (2)(b)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

This section is primarily information for the provider

Requirement notices

How the regulation was not being met

There was no evidence that one sessional GP had undertaken safeguarding training.

13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met** Appropriate and effective systems of governance were not in place. Opportunities for staff to meet, discuss and review areas of risk and incidents was limited and not formalised. There was no evidence that lessons learned were shared. Where actions were taken there was no audit to see if changes were effective or sustained. Systems in place for monitoring auditing and improving quality were poor. There were limited opportunities for staff to express their views and ideas. Records detailing the training staff had received were not complete. Staff had not always had the training they needed. Not all staff had received an effective appraisal. 17 (2)(a)(b)(d)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014