Dr Hendy & Rizwan

Quality Report

The Halliwell Surgery
Lindfield Drive, Halliwell
Bolton
Greater Manchester
BL1 3RG
Tel: 01204 523642
Website: www.drshendyandrizwan.co.uk

Date of inspection visit: 4 December 2014
Date of publication: 19/03/2015

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We inspected Dr Hendy and Rizwan on the 4 December 2014 as part of our new comprehensive inspection programme. This was the practice's first inspection by CQC under its new methodology.

We have rated the practice as good.

Comments we received from patients were positive about the care and treatment they had received. Patients told us they are treated with dignity and respect and involved in making decisions about their treatment options.

Our key findings were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions.
- The majority of patients reported good access to the practice and a named GP and continuity of care, with urgent appointments available the same day.
- Staff understood their responsibilities to raise concerns, and report incidents.
- The practice is clean and well maintained.
- There are a range of qualified staff to meet patients' needs.
- The practice works with other health and social care providers to achieve the best outcomes for patients.

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?

Good

The practice is rated as good for safe. The practice had a good track record for maintaining patient safety. Systems were in place to provide oversight of safety of patients. Learning from incidents took place. Staff took action to safeguard patients.

Are services effective?

Good

The practice is rated as good for effective. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. People's needs were assessed and care was planned and delivered in line with current legislation including the promotion of good health. Patients' health care needs were consistently met. Staff received training and support appropriate to their roles. Effective multidisciplinary working took place across the practice.

Are services caring?

Good

The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect at all times.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the local Clinical Commissioning Group to secure service improvements. Patients mostly reported good access to the practice, a named doctor and continuity of care, with urgent appointments usually available the same day. The practice had good facilities and was equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded to issues raised.

Are services well-led?

Good

The practice is rated as good for well-led. The practice had a clear vision and strategy. Staff understood their role and responsibilities in relation to providing good outcomes for patients who used the service. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients and this had been acted upon. Staff had an annual appraisal and staff meetings were held regularly. There was a good team working ethos across the practice.

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 population group of older people. The practice was knowledgeable about the number and health needs of its patients. Over 75 years of age health checks were completed by practice nurses who also completed home visits to frail elderly patients could not attend the surgery.

The practice reviewed the care and treatment needs of older people and ensured each patient had a named GP. Care was tailored to individual needs and circumstances.

Medication reviews were completed with all patients. The practice kept up to date registers of patients' health conditions and carer's information and used this information to plan services for patients.

Unplanned admissions and readmissions to hospital for this patient group were monitored as was attendance at A&E departments.

The care for patients at the end of life was in line with the Gold Standard Framework, working as part of a multidisciplinary team.

People with long term conditions

Good

The practice is rated as good for the population group of people with long term conditions.

Clinical staff had a good understanding of the care and treatment needs of people with long-term conditions. The practice monitored the needs of this patient group and promoted life style changes and improvements for the benefit of the patient. Patients attended for annual health care reviews or more frequently when required. Patient recall systems ensured that patients attended for reviews of conditions, such as diabetes and respiratory issues.

Clinicians made referrals to specialists in an appropriate and timely way.

Clinicians referred patients with long term conditions to the health trainer.

Clinical audits were undertaken and linked to care practices.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. The practice provided services to meet the needs of this population group.

Summary of findings

There were comprehensive child health screening and vaccination programmes in place. Immunisation rates were high for all standard childhood immunisations. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns. All of the staff were responsive to parents' concerns and ensured that children were always seen and prioritised.

Staff were knowledgeable about child protection and one of the registered partners was the lead for safeguarding.

Communication, information sharing and decision making with other agencies, particularly midwives and health visitors were well established.

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

The practice is rated as good for the population group of the working-age people (including those recently retired and students). The practice provided services to meet the needs of this population group. They offered appointments up to 7:30pm on Monday evenings and nursing staff tried to be as flexible as possible to accommodate those patients who worked.

People whose circumstances may make them vulnerable Good

The practice was rated good for this population group. The practice provided services to meet the needs of this population group.

The practice kept a register of patients who had a learning disability and this ensured that this patient group had equal access to care and treatment including annual health care reviews.

The practice offered longer appointment times for patients with a learning disability. This allowed patients to be fully involved in making decisions about their health. The practice had sign-posted vulnerable patients to various support groups and voluntary sector organisations.

For patients where English was their second language, an interpreter could be arranged.

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

The practice is rated as good this population group. The practice maintained a register of patients who experienced mental health problems or had dementia diagnosis. The registers supported clinical staff to offer patients an annual appointment for a health check and a medication review.

Summary of findings

The practice offered longer appointment times for patients who experienced poor mental health. This allowed patients to be fully involved in making decisions about their health.	

Summary of findings

What people who use the service say

We received 45 CQC patient comment cards and spoke with five patients, two of whom were members of the practice patient participation group.

We spoke with people from different age groups and patients from different population groups, including young parents, patients with long term conditions and patients who worked. The patients we spoke with were extremely complementary about the practice. Patients told us that GPs always gave them plenty of time to discuss their concerns. They told us GPs explained their treatment and or changes to their medication.

Patients told us that reception staff were helpful and approachable.

Patients told us they usually found it easy to get an appointment and urgent appointments were provided when needed.

Some patients expressed frustration about waiting times when attending for an appointment thought many said they understood GPs were busy.

Patients told us they knew who their GP was and they liked to see their 'own' GP and the practice supported them to do this. Patients reported having received good continuity of care when they visited their own named GP.

Patients we spoke with told us they were fully involved in deciding the best course of treatment for them and they fully understood the care and treatment options that had been provided, including referrals to secondary care.

Patients told us that that waiting areas and treatment rooms were clean and maintained.

We looked at feedback from the GP national survey for 2013/2014. Feedback included; 82.4% of respondents would recommend this surgery to someone new to the area.

77.3% of patients rated their experience of making an appointment as good or very good and 91% of respondents said the last GP they saw or spoke to was good at giving them enough time during their appointment compared with the local (CCG) average of **87%.**

87.27% of respondents to the GP patient survey described the overall experience of their GP surgery as good or very good.

89% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared with the local (CCG) average of **84%**

Dr Hendy & Rizwan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an expert by experience.

Background to Dr Hendy & Rizwan

The practice is located close to Bolton town centre and serves the north quadrant of Bolton. The practice shares the premises from which it operates with two other GP practices. All three practices have separate treatment rooms, patient reception and patient waiting areas. The practice shares phlebotomy and physiotherapy services with the other two practices.

The practice team comprises four GPs, two partner GPs and two salaried GPs that include two male and two female GPs. The team also includes two practice nurses, a practice manager, a medical secretary and four reception staff.

The surgery has a range of consultation rooms and treatment rooms located on the ground floor.

The building is shared with two other GP practices, each of which has its own reception and waiting area. The building is suitable for people who use a wheelchair and there is a disabled toilet. There are no separate baby changing facilities and we were told should this be required then a room was found.

The practice is open Monday to Friday between the core hours of 8:30am and 6:30pm and provides an emergency Saturday morning surgery between the hours of 8:30am and 12:00pm. Home visits are available for people who are not well enough or physically able to attend the practice in person. Patients can make appointments by telephone, on line booking or by calling in at the surgery.

The surgery is responsible for providing care to approximately 4000 patients.

The practice is an accredited GP Training Practice for qualified doctors training to specialise in General Practice and has done this for over 10 years.

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

This was the practice's first inspection by CQC under its new methodology.

When the practice is closed patients are directed to the out of hour's service provided by BARDOC an out-of-hours service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

- 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 December 2014. During our visit we spoke with a range of staff, GPs, practice manager, practice nurse and reception staff and spoke with patients who used the service. We reviewed treatment records of patients. We reviewed CQC patient comment cards where patients shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe Track Record

We found that the practice had systems in place that ensured the delivery of safe patient care. These included the review of incidents, health and safety concerns and complaints.

The practice held bi-monthly practice meetings where clinical issues including significant events were discussed. In addition to these meetings regular weekly informal meetings were held between the GP partners to discuss issues concerning the day to day operation and management of the practice.

We saw evidence that the practice responded to NHS patient safety alerts, for example, medication alerts. The practice received regular safety information from organisations such as National Institute for Health and Care Excellence (NICE) and was took action in response to safety alerts.

Regular medication meetings were held with pharmacist advisors from the local clinical commissioning group (CCG) to ensure safe medication practice was followed and patient safety was upheld.

The practice worked closely with Bolton Clinical Commissioning Group.

There were strategies in place, for example, in respect of patients that were frequent attendances A&E. This included making contact with patients to identifying possible risk factors and actions to change patient behaviour and analyse trends.

The practice had systems in place to maintain safe patient care of those patients over 75 years of age, with long term health conditions, learning disabilities and those with poor mental health. Similarly they maintained registers of patients with additional needs, for example, patients with a learning disability and these patients were closely monitored, through joint multi-disciplinary working arrangements with other health and social care professionals.

Learning and improvement from safety incidents

The Practice had a system in place for reporting, recording and monitoring significant events, for example a significant event may be a 'needle stick injury'. A review of a significant event included an analysis of what factors led to the event, how the event was handled, how it could have been handled differently, what action needed to be taken as a result of the event, including lessons learnt and systems to review the progress of the response to the event to the point of closure.

It was a positive feature that the practice had accepted the value of a significant events analysis (SEA) as a learning tool. We reviewed a sample of SEAs held on file and observed that processes ensured that SEAs were carried through until a satisfactory outcome was concluded and actioned.

From the review of compliant investigation information, we saw that the practice manager and GP partners ensured complainants were given full feedback in response to their concerns.

Reliable safety systems and processes including safeguarding

The practice followed Bolton Council Safeguarding policy and protocol. One of the partner GPs took lead responsibility for safeguarding at the practice. Staff we spoke with knew they could approach the safeguarding lead or another other member of staff at the practice if they had concerns about a patient. The lead was knowledgeable about the contribution the practice made to multi-disciplinary child protection work. Arrangements were in place to share safeguarding concerns with NHS and local authority partners and this ensured a timely response to concerns identified.

All staff at the practice including GPs, nursing staff, reception staff and the practice manager had a clear understanding of good safeguarding practice, their duty of care, and their responsibility to keep children and adults safe. We asked staff what action they would take in response to safeguarding concerns. Staff were able to tell us what action they would take in response to concerns and how they ensured patient safety. We saw that staff had completed training in safeguarding children and adult protection at level two and GPs were training to level three. Information advising staff how to raise a safeguarding concern was available. This included contact numbers of local safeguarding and adult safeguarding contacts.

Good

Are services safe?

The practice had a chaperone policy displayed in the patient waiting area and we were told that nursing staff acted as a chaperone when requested. Patients we spoke with were aware of this service but none had direct experience of it.

Medicines Management

The practice had medicines management policies in place. The practice worked with pharmacy support from the Clinical Commissioning Group (CCG) and this ensured that the practice kept up to date with medication and prescribing trends. We saw that medicines for use in an emergency were safely stored and regular stock audits were undertaken and records maintained.

The practice stored vaccinations in a refrigerator. Systems were in place that ensured that vaccines were stored correctly. These included daily checks of temperatures of refrigeration. Checks of vaccine ensured that the stock was in date. Stock count and rotation of stock took place on vaccines and other medicines. Records of checks were maintained.

Drugs were not kept in GPs bags. GPs did not carry medicines with them routinely on home visits, with the exception of an adrenalin pack, in the case of an emergency.

GPs re-authorised medicines for patients on an annual basis or more frequently if necessary. Patients who received repeat prescriptions were alerted to book in for a medicine review. All repeat prescriptions were reviewed on a regular basis and only undertaken by clinicians. Patients we spoke with confirmed they had attended the practice for medicine reviews with a GP.

We saw prescriptions for collection were stored behind the reception desk. At the end of the day uncollected prescriptions were locked away. Reception staff we spoke with were aware of the necessary checks required when giving out prescriptions to patients who attended the practice to collect them. Patients were asked to confirm their name, address and date of birth when collecting prescriptions.

Cleanliness & Infection Control

Patients we spoke with told us the practice was 'always clean and tidy'. We saw that the practice was clean throughout and appropriately maintained.

We saw that all areas of the practice were very clean and processes were in place to manage the risk of infection. Treatment rooms were well stocked with gloves, aprons, alcohol gel, and hand washing facilities with posters promoting good hand hygiene displayed.

The practice along with the two other practices located within the same building employed a cleaner. We saw copies of the cleaning schedule that recorded tasks completed. These ensured the overall cleanliness of the building.

We found the practice had a comprehensive system in place for managing and reducing the potential for infection. There was an up-to-date infection control policy in place. We saw policies were in place around the safe storage and handling of specimens and hand washing guidance was displayed in treatment areas and toilet areas.

Disposable privacy curtains were used in treatment rooms and replaced every six months.

The practice had procedures in place for the safe storage and disposal of sharps and clinical waste. We saw sharps boxes in clinical areas and clinical waste bins were foot operated.

We looked at staff training records and saw that all staff at the practice both clinical and non-clinical had completed training in infection control.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were for single use only.

Equipment

Arrangements were in place that ensured all equipment used on the premises was maintained.

We found that arrangements were in place which ensured the safety and suitability of the building, for example tests of electrical installation, including portable appliance testing (PAT) of electrical equipment.

The practice manager had contracts in place for annual checks of fire extinguishers and portable appliance testing.

Fire safety checks were in place and staff had received training in fire safety and there was information in the reception and patient waiting area to advise patients what action to take in the event of a fire.

Good

Are services safe?

A defibrillator and oxygen were available for use in a medical emergency. These were stored in easy reach in the event of a medical emergency and were shared with two other practices located in the same building. Records of tests of the equipment were in place.

Staffing & Recruitment

The practice operated a recruitment and selection process which ensured that only suitable applicants were employed. The majority of staff had been employed at the practice for over three years. The practice ensured that a number of pre-employment checks, for example, Disclosure and Barring checks known as DBS checks and verbal references were taken up prior to employment.

As part of the quality assurance and clinical governance processes checks of the General Medical Council (GMC) and Nursing Midwifery Council (NMC) registration lists were made to ensure that doctors and nurses continued to be able to practice.

Safe staffing levels were maintained. Four GPs provided a service to patients. There were four receptionists, two practice nurses, one practice manager and a medical secretary. Collectively the staff team were more than able to meet the needs of the patient population who were registered at the practice.

The practice manager and lead GP oversaw the rota for clinicians and we saw they ensured that sufficient staff were on duty to deal with expected demand including home visits and daily patient demand for appointments including emergencies.

Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. This ensured adequate staffing levels were maintained at all times.

Monitoring Safety & Responding to Risk

One GP was the lead for safeguarding and all GPs took a shared interest and responsibility for medicines management.

Staff were trained in fire safety, basic life support and infection control. Staff knew where emergency equipment was stored and how to access this quickly in the event of an emergency.

Arrangements to deal with emergencies and major incidents

There were plans in place to deal with emergencies that might interrupt the smooth running of the service. A detailed business continuity plan was in place. The plan covered business continuity, staffing, records/electronic systems, clinical and environmental events.

The practice had an up-to-date fire risk assessment. We found that tests to fire alarms systems and other fire safety equipment were done on a regular basis.

Staff were sufficiently trained to deal with medical emergencies. Emergency equipment including a defibrillator and oxygen were easily accessible, and staff had received training in how to use the equipment.

The Practice has a system in place for reporting, recording and monitoring significant events. There were procedures in place to assess, manage and monitor risks to patient and staff safety.

Patients were aware of how to contact the out of hours GP service.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice provided a service for all age groups including older people, people with learning disabilities, children and families, people with mental health needs and to the working population. We found GPs and nursing staff were familiar with the needs of each patient and the impact of local socio-economic factors on patient care.

A review of patient records demonstrated that thorough assessments of patients' needs had been undertaken and these were reviewed where appropriate.

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. We saw that patients were appropriately referred to secondary and community care services. We saw that the practice aimed to ensure each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed assessments and treatment plans, in line with National Institute for Health and Care Excellence (NICE) guidelines. Thorough assessments of patients' needs had been completed and these were reviewed when appropriate.

Clinicians proactively case managed and completed long-term monitoring of patients' needs. The practice held clinical meetings where all patients on the palliative care register were discussed. Clinicians we spoke with were familiar with, and were following current best practice guidance.

The practice had a learning disability register and these patients were called for annual health checks. For those patients who could not attend the practice nurses arranged to visit patients at home or at a day centre.

The practice nurse told us they managed all aspects of patients care and treatment through a general appointment system, rather than holding specific conditions clinics. Nurses reviewed patients with asthma, diabetes and chronic obstructive pulmonary disease (COPD). Practice nurses also completed new patient reviews and over 75 years reviews. For those patients who could not visit to the practice due to frail ill health, nurses made arrangements to complete reviews in patients' homes.

Patients with caring responsibilities told us they received good support from GPs and support remained ongoing at an appropriate level to patients recently bereaved. The practice provided information to patients about local carers groups and patients we spoke with told us they had appreciated the counselling services they had been referred to following bereavement.

Management, monitoring and improving outcomes for people

The Practice has a system in place for completing clinical audit cycles. These included reviews of prescribing practices and referrals to nephrology and minor operations. We saw evidence of six monthly and 12 monthly review cycles with action to undertake further reviews in 12 months' time. A review of audits demonstrated that the practice was both proactive and successful in achieving positive outcomes for patients.

The practice was proactive in contacting patients who had missed annual reviews, to ensure they attended appointments. A patient recall system was in place for patients with chronic health conditions which provided on going monitoring of patients conditions. This included patients receiving treatment for asthma and COPD.

Patients told us that GPs discussed and explained the potential side effects of medicines during consultations.

The practice used the information they collected for the Quality and Outcomes Framework (QOF) and their performance against national screening programmes to monitor outcomes for patients. QOF was used to monitor the quality of services provided.

Effective staffing

Staff had access to training, the majority of which was completed through e-learning. The practice manager kept a record of all training carried out by clinical and non-clinical staff to ensure staff had the right skills to carry out their work. From our discussions with staff and reviewing training records we saw all staff were appropriately qualified and competent to carry out their roles safely and effectively.

Staff had completed training in safeguarding children and adults, confidentiality, infection control, equality and

diversity, basic life support and health and safety. Some staff had completed training in the Mental Capacity Act 2005 and there were plans to roll this out across the whole of the staff group.

All staff had an annual appraisal of their work. We found that a strength of the practice was the informal support arrangements that were in place. Staff told us that GPs and the practice manager were supportive and approachable. Senior staff within the practice told us they were confident that staff would approach them if they had any concerns or wanted to discuss training and career developments.

All GPs took part in yearly appraisal. All of the GPs in the practice complied with the appraisal process. GPs are required to be appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council.

All the patients we spoke with were complimentary about the staff. We observed staff appeared competent, comfortable and knowledgeable about the role they undertook.

Working with colleagues and other services

Strong team work, cooperation between clinical and nonclinical staff and an understanding and appreciation for each member's role in the day to day delivery of the service to patients was evident across the practice.

The practice worked with other agencies and professionals to provide continuity of care for patients and ensure care plans were in place for the most vulnerable patients. Multidisciplinary health care meetings took place at the practice and involved other health and social care professionals, for example the practice held regular meetings with health visitors.

The 'work flow' system that operated within the practice ensured that patients received safe care and treatment, for example, results of blood tests and discharge letters were scanned onto patient records.

The practice kept registers for patients with long term conditions such as asthma and chronic heart disease which were used to arrange annual health reviews. They also provided annual reviews to check the health of patients with learning disabilities and patients on long term medication for example for mental health conditions.

Information Sharing

Information received from other agencies, for example accident and emergency or hospital outpatient departments was read and actioned by GPs on the same day. Information was scanned onto electronic patient records in a timely manner. Systems were in place for managing blood results and recording information from outpatient's appointments.

All staff were required to sign a confidentiality agreement as part of their terms and conditions of employment at the practice. Staff fully understood the importance of keeping patient information in confidence and the implications for patient care if confidentiality was breached.

Professionals who linked in with the practice reported a positive working relationship with all staff.

Consent to care and treatment

The practice had a consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Patients' verbal consent was recorded on their patient record for routine examinations.

GPs and clinicians ensured consent was obtained and recorded for all treatment. Where people lacked capacity they ensured the requirements of the Mental Capacity Act 2005 were adhered to.

It was the practice that for the majority of treatments patients gave implied or informed consent and arrangements were in place for parents to sign consent forms for certain treatments in respect of their children, for example, child immunisation and vaccination programmes. Where patients were under 16 years of age clinicians considered Gillick guidance.

All staff we spoke with understood the principles of gaining consent including issues relating to capacity. Patients we spoke with confirmed that their consent was always sought and obtained before any examinations were conducted.

Health Promotion & Prevention

All new patients are offered an initial health check with the practice nurse when a new patient assessment was completed; this included a review of the patient's lifestyle including family medical history and a review of their smoking and alcohol activity.

Good

Are services effective?

(for example, treatment is effective)

Practice nurses also monitored patients with chronic illnesses including Chronic Obstructive Pulmonary Disease (COPD) and diabetes and patients were recalled for annual reviews as well as annual medication reviews that were completed by GPs.

A health trainer worked at the practice two days per week and worked with patients on specific health issues, for example, weight loss, managing diabetes, smoking cessation and reducing alcohol consumption. We found that there were good working arrangements between clinical staff and the health trainer within the practice with a good understanding and appreciation of their complimentary role in promoting patient health.

The practice also supported patients to manage their health and well-being. This included national screening programmes, vaccination programmes and long term condition reviews.

The practice also provided patients with information about other health and social care services such as carers' support. We saw a range of written information available for patients in the waiting area, on health related issues, local services and health promotion and carer's information.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We observed staff speaking with patients respectfully throughout the time we spent at the practice. We observed reception staff speaking to patients in a respectful way and we heard staff during telephone discussions also speaking in a courteous manner.

Facilities were available within the surgery and upon request for patients who wanted to speak in private.

A large proportion of CQC patient comment cards we received indicated that patients had been treated with dignity and respect by all staff employed at the practice. Patients reported high levels of patient satisfaction with how their health care needs were being met.

We looked at a sample of consultation rooms, treatment rooms and clinical areas, all areas had privacy curtains to maintain patient dignity and privacy whilst they were undergoing examination or treatment.

The practice offered patients a chaperone service. Information about having a chaperone was in the waiting area. Staff we spoke with were knowledgeable about the role of the chaperone and only clinical staff undertook this role. Patients told us that they felt the staff and doctors effectively maintained their privacy and dignity.

We looked at 45 CQC comment cards that patients had completed as part of the inspection and spoke with five patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity. Patients we spoke with told us they had enough time to discuss things fully with the GP and patients told us GPs listened to them. Patients told us they were fully involved in any treatment recommended.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they had been consulted about their care and treatment. They told us that GPs and other staff had explained their treatment to them, including diagnosis and if further tests or referrals to secondary care were required.

We found that patients understood their care including the arrangements in respect of referrals to secondary care appointments at local and other hospitals and clinics.

Patients told us they were happy to see any GP and the nurses as they felt all were competent and knowledgeable.

Staff were knowledgeable about how to ensure patients were involved in making decisions. Staff told us relatives, carers or advocates were involved in helping patients who required support with making decisions. Where required independent translators were available by phone for patients where English was their second language.

We noted where required patients were provided with extended appointments to ensure GPs and nurses had the time to help patients be involved in decisions.

Patient/carer support to cope emotionally with care and treatment

All staff we spoke to were articulate in expressing the importance of good patient care, and having an understanding of the emotional needs as well as physical needs of patients and relatives.

The practice routinely asked patients if they had caring responsibilities. They were offered additional support and GPs were aware of local carer support groups that could be beneficial to carers registered with the practice. Information about local carers group was displayed in the surgery.

Patients who were receiving care at the end of life had been identified and joint arrangements were in place as part of a multi-disciplinary approach with the palliative care team. GPs contacted the partners of recently bereaved patients to provide support and guidance where needed. Patients could be referred to counselling services if this was thought appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw evidence of service planning and the provision of appropriate service for different groups of patients. The GP partners had a good understanding of their patient population responded to patient need. There was good evidence of continuous review services by partner GPs to ensure services met patients' needs and preferences.

The practice offered a range of services to patients through GP and nurse appointment systems, these included diabetes reviews and COPD reviews. Patients told us that there health needs were met whilst attending GP consultations and or nurse consultations. They told us that both GP staff and nursing staff always explained treatment plans, referrals to secondary care and any changes to medication.

There was evidence that the practice undertook chronic disease reviews and analysing the current Quality and Outcomes Framework (QOF) statistics when planning and responding to the health care needs of their patients.

The practice was responded to the needs of patients and now provided a Saturday morning surgery and this provided greater appointment choice and availability for patients.

Tackling inequity and promoting equality

The practice had taken steps to ensure equal access to patients. They had a patients charter which detailed its commitment to ensuring as far as it was possible that all patients were offered an appointment with two working days of their request and all urgent requests were seen on the same day.

The practice was proactive in contacting patients who failed to attend vaccination and screening programmes.

GPs provided telephone consultations and extended appointments were made available for any patient whom was identified required additional time.

The practice provided home visits for those patients who were too ill or frail to attend in person.

We saw that the building was suitable for people who used a wheelchair. Disabled toilet facilities were available. The entrance to the practice had level floor access and was suitable for wheelchair users.

There was a comfortable waiting area for patients and ample car parking was available.

Access to the service

Patients could access appointments by telephone, calling into the surgery and on line via the practice website. Patients reported positively about accessing appointments.

Patients told us that they usually got an urgent appointment on the day they contacted the surgery or within a short time frame for a routine appointment. Parents of children who were patients at the practice told us that children were always seen.

We found that the practice supported patient choice and access to appointments as much as it was practical to do so. We found that patients could choose which GP they saw, whether they saw a female of a male GP.

Receptionists and patients told us the service was particularly good at trying to find appointments when it wasn't an emergency.

Listening and learning from concerns & complaints

The surgery had a complaints policy and procedure. We saw a copy of the surgery's complaints policy and procedure which explained how the service responded to complaints and compliments from patients and their representatives or friends.

The practice manager was mindful to respond and deal with patient's complaints as they arose in an attempt to avoid complaints escalating.

We saw that all complaints were logged and investigated by the practice manager who consulted with GPs and or nursing staff where relevant. We saw that the provider responded to complaints' in a timely manner and had taken action to resolve complaints.

Complaints information was displayed in the waiting area. Patients we spoke with told us they knew how to make a

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaint if they felt the need to do so. Patients we spoke with told us they felt comfortable about making a complaint. They told us they were confident a complaint would be dealt with fairly.

Are services well-led?

Good

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

Our findings

Vision and Strategy

The practice had a clear vision around patient care with 'prevention at the core' of their work. The practice was one of the first to adopt a health trainer. There was evidence that GPs saw the value of the role of the health trainer as a means of promoting good health and referred patients for support and advice with weight loss and managing diabetes.

Staff we spoke with knew that the surgery was committed to providing good quality primary care services for all patients, including the management of long term health conditions.

We saw evidence that demonstrated the practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people. GPs attended prescribing, medicines management and safeguarding meetings and shared information within the practice.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We looked at several of the policies and saw where these had been updated they were comprehensive and reflected up to date guidance and legislation.

The practice had systems to identify, assess and manage risks related to the service including health and safety issues. Systems were in place to record incidents, accidents and significant events and to identify risks to patient and staff safety.

Bi-monthly practice meeting were held where clinical issues were discussed.

The use of clinical audits was firmly embedded across the practice and results were reviewed and used to plan for patient care.

Learning from significant events took place and SEAs were discussed at practice meetings.

The practice participated in the Quality and Outcomes Framework system (QOF). This was used to monitor the quality of services in the practice. There were systems in place to monitor services and record performance against the quality and outcomes framework.

The practice manager attended the Bolton practice manager's forum on a monthly basis. This provided an opportunity to review how the service was performing in comparison to other GP practices across the Bolton area.

Practice seeks and acts on feedback from users, public and staff

The practice recognised the importance of the views of patients and was committed to improving the services they provided to patients. They did this by gathering the views of people who used the service.

A patient participation group meeting was held in March 2014 and there were plans for another meeting to take place. However this had not taken place due to a lack of continued interest. The practice told us they would look at promoting and advertising this group again in 2015.

The practice also sent out an annual patient participation. Following a review of patient feedback from the March 2014 survey an online booking appointment system was introduced, a new and updated practice website was introduced and a Saturday morning emergency surgery was also introduced.

Further areas for action were also identified and these included, increasing the number of on line appointments and repainting car park and disabled care parking spaces.

The provider took complaints very seriously and systems were in place to monitor complaints and how they were responded to.

Leadership, openness and transparency

We observed that leadership was clearly visible across the practice and with well-established lines of accountability and responsibility.

The staff group was stable one. Staff told us they enjoyed their work and had been supported since their appointment. Other staff told us they felt supported and there was good team work across the practice.

Are services well-led?

Good

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

Information sharing arrangements were good and each member of staff's contribution was valued. Staff told us they would feel comfortable speaking with the registered provider or the practice manager should they have any concerns.

Management lead through learning & improvement

The provider had systems in place to review incidents referred to as 'significant events analysis' (SEA).

Quality assurance arrangements at the service ensured that performance was reviewed regularly.

These included periodical reviews of clinical performance data provided by the local clinical commissioning group.

Other audits included a monthly drug stock take, a review of NHS health checks and of the corresponding patient groups who had attended.

NHS patient safety alerts, for example, medicine alerts, were shared with staff.

Annual appraisal and supervision arrangements were developed and established across all staff groups.

Staff told us that the practice supported them to maintain their clinical professional development through training. We looked at four staff files and saw that training had been recorded and appraisals had taken place. Staff told us that the practice was very supportive of training and continuing professional development.

The practice was a GP training practice, and was an accredited GP training practice by the north west deanery of postgraduate medical education.