

Pike View Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pike View Medical Practice on 22 August 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently and strongly positive,
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Most 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Written correspondence for those with visual impairments was sent using yellow paper and in an enlarged font size.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

The areas where the provider should make improvements are:

- A record should be kept of the telephone discussions held when obtaining staff references.

Summary of findings

- Governance arrangements should be clarified to ensure staff know which GP is taking responsibility for the future development of the practice. For example, it was also not clear how all the activities of the running of the practice were coordinated and how senior staff maintained a clear focus and direction for the whole 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?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture in the practice.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Most 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. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. However, governance arrangements should be clarified to ensure staff know which GP is taking responsibility for the future development of the practice. For example, it was also not clear how all the activities of the running of the practice were coordinated and how senior staff maintained a clear focus and direction for the whole practice
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, there was some lack of clarity about the overall leadership of the practice in some areas.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Home visits and urgent appointments were available for those with enhanced needs.
- GPs were in the process of developing individual care plans for all patients over 75 years of age.
- Influenza & pneumococcal vaccinations were offered
- The practice had disabled access to support patients with mobility problems and all facilities were within the ground floor.
- Referrals were made to the Staying Well Team which provided a holistic approach to maintaining good health.
- Each patient had a named GP; however they have the option to see any doctor.
- Telephone consultations were offered to patients who were unable, or found it difficult to get out of the house.
- Patients were offered health checks which included a detailed risk assessment of both physical and mental health.
- The practice offered same day appointments to patients that have been identified with increased hospital admissions.
- Written correspondence for those with visual impairments was sent using yellow paper in an enlarged font size.
- The practice had strong links with three large nursing homes for patients with dementia.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 93% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months. This was compared to the CCG and national average of 88%.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients identified at risk of hospital admission were given same day appointment.
- Home visits were provided for annual reviews and follow up appointments.
- Patients had a named GP.
- The practice had robust registers to identify those patients with long term conditions.
- There was an effective appointment recall system in place to ensure that patients were informed of their annual review.
- There was a monitoring recall system in place for patients whose condition was unstable and they were in need of follow-up care.
- Double appointments were available and used to ensure that multiple conditions could be treated at the same time, reducing the number of times that the patient had to attend the practice.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 79% of female patients between the ages of 25 and 64 attended a cervical screening within a target period of 3.5 or 5.5 years. This compared to the CCG and national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- GPs were alerted to vulnerable children through the IT system i.e. children in foster care
- A quiet room was available for mothers who were breast feeding.

Good



Summary of findings

- On the birth of a baby the practice send a congratulation letter that includes an appointment for the post-natal check.
- There were dedicated immunisation clinics for children, which were also available outside of the dedicated clinic hours to help ensure that all parents have the opportunity to immunise their child.
- The practice offered a contraception service which includes free condoms, IUD fitting and subdermal implants. Young people requiring contraception were able to make appointments outside of schools hours.
- The health visitor responsible for this practice was contacted regarding all new patients aged 5 and under to ensure continuity of care and safety. For example children from outside the area who were currently on the at risk register.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone appointments were available and routine appointments were available out of normal working hours to ensure that patients could access a clinician.
- NHS health checks were promoted and encouraged.
- The practice offered temporary registration, for example students returning home from university.
- The patient had access to online appointment booking facilities using the Patient Access System and could order repeat prescriptions without having to attend the surgery. An app could also be downloaded by patients to offer an alternative way to booking appointments.
- Patients had the option of nominating a pharmacy that could receive their prescription electronically for dispensing.
- Health checks were provided for patients aged between 40 and 74 years to pre-empt or defer the onset of long term conditions such as diabetes.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.
- Staff were trained in safeguarding procedures and knew how to recognise signs of abuse in vulnerable adults and children.
- The practice had a strong working relationship with an outside agency so that patients could effectively respond to the possibility of physical and emotional domestic abuse.
- The practice had a register of patients who have learning difficulties who were offered annual health checks. Correspondence was sent using a specific font as recommended by the British Dyslexia Association.
- The practice had a register of all known teenage mothers and children with chronic diseases; such as cystic fibrosis and type 1 diabetes.

Good



People experiencing poor mental health (including people with dementia)

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

- 84% of patients diagnosed with dementia have had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the CCG and national average.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses have had their alcohol consumption recorded in the preceding 12 months. This was compared to the CCG average of 91% and the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered annual reviews and individual care plans.
- Home visits were provided with a double appointment available if needed.
- Patients had a named GP but could see any clinician.
- Patients who were at risk of hospital admissions were identified and offered same day consultations.
- Practice staff had a good working relationship with the one of the local nursing homes with a unit for patients with dementia. Staff regularly attended practice multi-disciplinary meetings and provided updates on issues of concern.
- Referrals were made to the Staying Well Team for holistic advice and services that were available in the local area. For example the befriending service.
- The practice computer system alerted patients who presented with repeated non-specific illness that could be disguising deeper mental health issues.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 304 survey forms were distributed and 118 were returned. This represented 1.5% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The GPs were aware of patients' views of the appointment systems and they were monitoring this area of the service to ensure improvements.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 42 comment cards which were all positive about the standard of care received. Patients commented they received a very good service. They said the staff were always caring and treated them with dignity and respect. They said they felt listened to during their consultation and their health care needs were responded to with the right care and treatments. Patients commented the reception staff were helpful and polite and described the GPs and nursing staff as very caring. Patients commented they found it easy to get an appointment, although one commented they sometimes found it difficult. One patient said they found the early opening times very helpful.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. Results from the FFT in January and February 2016 showed patients predominantly commented they were 'extremely likely' and 'likely' to recommend the practice to their friends and family. In July 2016, patients commented they were happy with the service, and described the staff as professional, caring and helpful.

Areas for improvement

Action the service SHOULD take to improve

- A record should be kept of the telephone discussions held when obtaining staff references.
- Governance arrangements should be clarified to ensure staff know which GP is taking responsibility for

the future development of the practice. For example, it was also not clear how all the activities of the running of the practice were coordinated and how senior staff maintained a clear focus and direction for the whole practice.

Pike View Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Pike View Medical Centre

Pike View Medical Practice is located in Horwich, Bolton and is within the NHS Bolton Clinical Commissioning Group area. The surgery is a small purpose built practice in the centre of Horwich town centre. There is a car park for six cars including one dedicated disabled parking bay. There is also limited off street parking. The surgery is located on a bus route which gives easy access to Bolton town centre.

There are four GPs working at the practice. One male (senior partner) and three female (two partners and one salaried). The GPs work between seven and nine sessions per week. There is one advanced nurse practitioner and a locum advanced nurse practitioner (female, one works full time, the other works part time), a practice nurse/ nurse prescriber and a health trainer (both female and work part time). There is a practice manager and a team of administration and reception staff.

The practice is a teaching practice so take medical students.

The practice is open between 8am and 6.30pm Monday to Friday with the exception of Tuesdays when the practice is open until 7.30pm.

Appointments are available Monday to Friday from 8am to 12.30pm and from 2pm to 6pm. Extended hours are provided on Tuesday between 6pm and 7.30pm and Saturday between 8.45am and 10.45am.

The practice is part of the Bury extended working hours scheme which means patients can access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays.

Patients requiring a GP outside of normal working hours are advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

Regulated activities are also provided at the branch surgery at 292 Church Street, West Houghton, Bolton BL5 3QQ. This address was not visited as part of the inspection.

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

There are 7628 patients registered with the practice. 19.3% are younger patients, 18.9% are older patients. 64.4% are British and 3% are from an ethnic minority background. 32.7% of patients have not specified their background.

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

Detailed findings

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

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 22 August 2016. During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, the office manager and the health care assistant.
- Reviewed policies, audits, personnel records and other documents relating to the running of the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked 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).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective 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 was 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, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events for the purpose of monitoring and reviewing systems and processes, and to ensure issues raised do not reoccur.
- Medical alerts were managed by the practice manager who emailed them on to the clinical staff who acted on them as necessary. There was no coordinated approach to managing medical alerts in order to ensure consistency in changes to practice.
- We reviewed the clinical staff meeting minutes. There was clear evidence that issues of safety had been discussed and there was evidence of learning.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 of staff for safeguarding. Staff were aware of issues relating to female genital mutilation and child

exploitation. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Staff had recently completed training in domestic violence awareness. GPs were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received an enhanced Disclosure and Barring Service (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. A risk assessment had not been completed around the safe storage of prescriptions used in printers.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, and the appropriate checks through the Disclosure and Barring Service. Verbal references had been sought prior to staff being employed. While there was a brief record of the discussion held, a formal record was not kept.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises. Although a risk assessment had been carried out to demonstrate the reasons for not having this equipment, a record was not kept of the discussions held and decisions made. Oxygen, a first aid kit and accident book were available.
- 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.
- Staff were trained to deal with patients who presented with challenging behaviour and a senior member of staff was always available for support and advice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

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 95.5% of the total number of points available with a 6% exception reporting. This was 1.8 percentage points below the CCG average and 3.2 percentage points below England Average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 93% of patients with diabetes, on the register, have had influenza immunisation in the preceding eight months. This was compared to the CCG and national average of 94%.
- Performance for mental health related indicators was above the national average. For example, 97% 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. This was compared to the CCG average of 90% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been regular clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, one audit reviewed the use of a prescribed medicine. This resulted in safer prescribing of this medicine and fewer side effects. The second audit was about the care, diagnosis and referral to secondary care of patients with cancer care. This audit was very detailed and demonstrated improved care to patients with cancer.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A record of the induction training was not kept for the purpose of monitoring that staff were competent in their role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. There was a programme of training to the National Vocations Qualification standards.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals such as district nurses, the domestic violence team, staff from the nursing home supported by the practice and health visitors, to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- Clinical staff met regularly to discuss patient health care needs. Plans were now in place for other staff to be involved in these meetings to ensure staff were kept up to date with service developments and good communication.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. One of the GPs had arranged to attend a training event on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This training will then be cascaded down to the staff team.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A health trainer was located at the practice to support and advise patients on maintaining a healthy lifestyle.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG and national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 99% and five year olds from 83% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They told us they received good support from the practice staff and their views were listened to and taken on board where possible. The group met four times a year and a member of the practice staff always attended the meeting. Meetings were minuted for the purpose of ensuring issues raised were addressed and monitored.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was about average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 86% 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 the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 189 patients as carers. Written information was available to direct carers to the various avenues of support available to them and an annual health check was offered.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time to meet the family's needs and by giving them advice on how to find a support service.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- 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 require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- Written correspondence for those with visual impairments was sent using yellow paper in an enlarged font size.
- Double appointments were available and used to ensure that multiple conditions could be treated at the same time, reducing the number of times that the patient had to attend the practice.
- The health visitor responsible for this practice was contacted regarding all new patients aged 5 and under to ensure continuity of care and safety. For example children from outside the area who were currently on the at risk register.
- The patient had access to online appointment booking facilities using Patient Access System and to order repeat prescriptions without having to attend the surgery. An app could also be downloaded by patients to offer an alternative way to booking appointments.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with the exception of Tuesdays when the practice was open until 7.30pm.

Appointments were available Monday to Friday from 8am to 12.30pm and from 2pm to 6pm. Extended hours were provided on Tuesday between 6pm and 7.30pm and Saturday between 8.45am and 10.45am.

Extended appointment hours were provided on a Tuesday between 6.30pm and 7.30pm and on a Saturday between 8.45am and 10.35am.

The practice was part of the Bury extended working hours scheme which means patients can access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays.

Patients requiring a GP outside of normal working hours were advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

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

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 73% 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.

The practice had a system in place to assess whether a home visit was clinically necessary; and

The urgency of the need for medical attention. GPs telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

- Its complaints policy and procedures were in line with recognised guidance.
- 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. Information was displayed in the patient waiting area and included on the practice website.

We looked at the summary of complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, staff training had been given to staff so they were aware that patients' clinical health care issues could only be discussed by suitably qualified staff.

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 to deliver high quality care and promote good outcomes for patients. The practice mission statement was 'To provide high quality, safe, professional primary health care general practice services to all our patients'. The practice had a supporting business plan which reflected the vision and values so staff remained focused on the outcomes.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had staff in lead roles and teams to support them to achieve good patient outcomes
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. We observed a strong patient-centred culture in the practice. Staff told us the GPs were approachable and always took the time to listen to all members of staff.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff felt supported by management. However, there were some areas that lacked clarity. For example,

- The senior partner was due to retire and a new GP had been recruited and was due to start working at the practice within two months. It was unclear who would take on the responsibilities of the senior partner or how these responsibilities would be shared.
- The management structure of the nursing staff was not entirely clear.
- While regular meetings took place between the GPs and the practice manager, it was not clear how often these meetings occurred. It was also not clear how all the activities of the running of the practice were coordinated and how senior staff maintained a clear focus and direction for the whole practice. For example the coordination and consultation with staff and patients about the new building project to share space and activity with other practices.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about the day to day management of the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking to improve outcomes for patients in the area.
- Plans were being made for the practice to become a training practice for trainee GPs. One of the GPs had completed a GP training course to support this.
- One of the practice nurses was due to start their advanced nurse practitioner training in September 2016.