

Bolton Community Practice CIC

Quality Report

Navigation Park

Bolton

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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 Bolton Community Practice CIC on 17 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- 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.

- Patients said 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.
- The practice had two members of staff who were fully trained dementia friends and had further training sessions booked for all other members of staff.
- The practice had introduced a dementia friendly coloured chair in the waiting area and dementia friendly coloured signs throughout the surgery.

We saw areas of outstanding practice:

- The practice cared for patients on Bolton's Violent Patient (Safehaven) Scheme. These patients had a GP key worker and were risk assessed on arrival on to the scheme. The patients had a dedicated telephone line and were provided with a range of appointments at quieter times across the week with named GPs, a

Summary of findings

security guard was also present in the building to support the service. The practice worked closely with the patients, their carers and the prison, probation, drug and alcohol services and mental health services to meet the needs of these patients. Patients were able to register on the regular list when they were removed from the scheme. The practice held a quarterly meeting to review any risks, share appropriate information and review patients care planning.

- The practice worked closely with a local charity, Urban Outreach, and the local foodbank to offer support for

their vulnerable adults struggling with difficult lives, including homelessness. One member of staff had been trained and was able to issue food bank vouchers.

- The practice held weekly coffee mornings for vulnerable patients that were lonely and socially isolated.

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.

Good



- 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.
- All staff employed by the practice had received a check with the Disclosure and Barring Service. (DBS) (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).

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 360 degree appraisals and personal development plans for all clinical and non clinical staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice use a practice formulary for prescribing to ensure consistency by all the clinicians.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held weekly coffee mornings for vulnerable patients that were lonely and socially isolated.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they did not always find 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.

Are services well-led?

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

Good



- 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. 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.

Summary of findings

- 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. The practice board included members of staff representatives and a member of the patient group.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had Facebook and Twitter accounts which showed information about the practice and responded to queries from patients.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over the age of 75 had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with the relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice were working with Bolton Council to provide Health and Wellbeing sessions to local sheltered residents who were patients at the practice.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- The waiting rooms in the main surgery and each of the branch surgeries had seating suitable for patients with mobility problems.
- The practice embraced the Gold Standards Framework for end of life care. This included supporting patients' choice to receive end of life care at home.
- Two of the practice staff were trained dementia friends with training booked for all other staff.
- The practice had dementia friendly coloured chairs and signs in each of its surgeries.
- The practice worked together with Bolton's Staying Well and integrated teams to support the health and wellbeing of patients over the age of 75 in their own homes.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 92% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months which was comparable to the national average of 88%.
- Longer appointments and home visits were available when needed.

Summary of findings

- Patients with multiple long term conditions were offered one review appointment so that they didn't have to make repeat visits to the surgery.
- 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 were encouraged to manage their own long term condition and were able to access their records and view their results on line.
- The Health Trainers at the practice organised community walks for patients who wanted to improve their fitness levels.
- The practice website provided links to resources for patients in this population group.

Families, children and young people

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

Good



- 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.
- 80% of women aged between 25 and 64 had their notes recorded that a cervical screening test had been performed in the preceding five years which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children under the age of 12 were offered same day appointments when required. Parents were also able to access a minor illness clinic and a daily telephone advice service led by a nurse or a pharmacist.
- The practice responsive service for acute minor illness in children had reduced the number of A&E attendances for minor issues. This was evidenced by the CCG quality contract.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- New mums were offered post natal checks at the same time as their babies six to eight week check.

Summary of findings

- A confidential chlamydia screening service was offered by the practice.

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 reflects the needs for this age group.
- 22% of patients had registered for online services which included ordering prescriptions, booking appointments and access to full medical records.
- Telephone appointments were offered each day at each of the practice sites for patients that were unable to attend the surgery during normal working hours.
- GP appointments were offered until 7.30pm each evening and Saturday mornings at The Waters Meeting Road site for working patients.
- A nurse was available every Saturday to offer routine screening, phlebotomy and travel advice.

Good



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 cared for patients on Bolton's Violent Patient (Safehaven) Scheme. These patients had a GP key worker and were risk assessed on arrival on to the scheme. The patients had a dedicated telephone line and were provided with a range of appointments at quieter times across the week with the named GPs, a security guard was also present in the building to support the service. The practice worked closely with the patients, their carers and the prison, probation, drug and alcohol services and mental health services to meet their needs. Patients were able to register as regular patients when they were removed from the scheme.

Outstanding



Summary of findings

- The practice worked closely with a local charity, Urban Outreach, and the local foodbank to offer support for their vulnerable adults struggling with difficult lives, including homelessness. One member of staff had been trained and was able to issue food bank vouchers.
- 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 knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There was a safeguarding board in the waiting area which gave patients information and support available to them.
- A room was made available, if required, for patients who were receiving support from IRIS which is an organisation who offered support to patients suffering from domestic violence.
- Patients whose first language is not English were given double appointments to ensure appropriate use of Language Line translator service.

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).

- 87% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 83%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months which was above the national average of 89%.
- The practice offered dementia screening to all its elderly patients.
- 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.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Two of the practice staff had been trained and were dementia friends and the practice had further training sessions booked to ensure that all staff were trained dementia friends.
- Each of the practice sites had dementia friendly coloured chairs in the waiting areas and dementia friendly coloured signs throughout the surgeries.
- The practice actively identified military veterans and asylum seekers who may have unidentified mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and showed mixed results when comparing the practice with the local and national averages. 285 survey forms were distributed and 109 were returned. This was a return rate of 38% and represented 1% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 66% 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%.
- 71% 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%.

Although some of the results were lower than the CCG and national averages the practice evidenced a year on

year improvement in results over the last four years. The practice had also introduced a new telephone answering system and a new appointment system which had shown positive results in the practice own regular audits.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 125 comment cards which were all positive about the standard of care received and included individual praise about clinical and reception staff. Patients told us that they found staff to be courteous and pleasant and that they received good care and they felt the doctor always listened to them.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients told us that they found it difficult to get through to the surgery by telephone to make an appointment.

Outstanding practice

- The practice cared for patients on Bolton's Violent Patient (Safehaven) Scheme. These patients had a GP key worker and were risk assessed on arrival on to the scheme. The patients had a dedicated telephone line and were provided with a range of appointments at quieter times across the week with named GPs, a security guard was also present in the building to support the service. The practice worked closely with the patients, their carers and the prison, probation, drug and alcohol services and mental health services to meet the needs of these patients. Patients were able to register on the regular list when they were removed from the scheme. The practice held a quarterly meeting to review any risks, share appropriate information and review patients care planning.
- The practice worked closely with a local charity, Urban Outreach, and the local foodbank to offer support for their vulnerable adults struggling with difficult lives, including homelessness. One member of staff had been trained and was able to issue food bank vouchers.
- The practice held weekly coffee mornings for vulnerable patients that were lonely and socially isolated.

Bolton Community Practice CIC

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 adviser and an Expert by Experience.

Background to Bolton Community Practice CIC

Bolton Community Practice CIC provides primary medical services in Bolton from Monday to Friday. The surgery is open Monday to Friday between 8am to 7.30pm and Saturday between 9am and 12pm.

Appointments with a GP at Bolton Community Practice CIC are available:

Navigation Park, (known locally as Astley Dale Surgery)

Monday to Friday 8.30am to 12pm and 2.30pm to 7.20pm

Saturday 9am to 7.20pm

Little Lever, Mytholm Road, Bolton, BL3 1JF

Monday, Tuesday, Thursday and Friday 8.30am to 5.30pm

Wednesday 8.30 to 1pm

Ladybridge, 10 Broadgate, BL3 4PZ

**and The Market Surgery, 103 Chorley New Road,
Horwich, BL6 5QF**

Monday to Friday 8.30am to 5.30pm

Bolton Community Practice CIC is situated within the geographical area of Bolton Clinical Commissioning Group (CCG) and is responsible for providing care to 11602 patients.

The practice has an Alternative Primary Medical Services (APMS) contract. The APMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice consists of seven GPs, four male and three female, one advanced nurse practitioner and four practice nurses, one assistant practitioner and two health care assistants and is supported by a practice manager and a support team. It is a teaching practice with regular trainee GPs and medical students.

When the practice is closed patients are directed to the out of hour's service run by Bury and Rochdale Doctors on Call (BARDOC)

The practice is part of a group of practices who offer appointments to a GP and practice nurse seven days a week.

The practice had achieved Bronze standard in Investors in People.

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 17 October 2016. During our visit we:

- Spoke with a range of staff including GPs, practice manager, practice nurse and members of the reception and administration team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new procedure was introduced for staff that were receiving specimens at the reception desk to ensure that they were passed to clinicians at the end of surgery.

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 clinical and deputy lead member of staff for safeguarding. 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. 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 a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The advanced nurse practitioner 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. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The advanced nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Are services safe?

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. Staff were skilled in all administration tasks in order to cover any role as required, staff cross covered across all four sites and remote support could be offered as needed.

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 had defibrillators available at each of its premises and oxygen with adult and children's masks. First aid kits and accident books 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. Copies were held by one of the GPs, the practice manager and the Clinical Commissioning Group (CCG).

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 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. The latest published data showed:

- Performance for diabetes related indicators was better than the national average. For example the percentage of patients with diabetes, on the register, in whom the last HbA1c (blood glucose level) was 64 mmol or less in the preceding 12 months was 82% compared to the national average of 78%
- Performance for mental health related indicators was better than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive , agreed care plan documented in the record, in the preceding 12 months was 94% compared to the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, we looked at two of these which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included adding recent results of blood tests to the template, used by clinicians to alert them and ensure compliance with guidance.

Information about patients' outcomes was used to make improvements such as: ensuring that patients were taking the correct dose of medication depending on the result of their blood test.

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. Each new member of staff was given an induction pack which was tailored to their job role. The induction programme covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All staff received training in The Mental Capacity Act and Deprivation of Liberty.
- 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, coaching and mentoring, clinical

Are services effective?

(for example, treatment is effective)

supervision and facilitation and support for revalidating GPs. All GPs and staff took part in a 360 degree appraisal and all had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 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.

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.
- 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 and drug cessation. Patients were signposted to the relevant service.
- Health trainers at the surgery organised community walks for patients who wanted to improve their fitness levels.
- The practice worked closely with Bolton Leisure Trust who accepted "exercise on prescription".

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82% and the national average of 82%. 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, breast cancer and abdominal aortic aneurysm 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 and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% and five year olds from 92% to 98%.

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 and South Asian health checks for patients aged 30 to 39. 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 125 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 85% 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%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% 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%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the 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 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. Some of the staff within the practice were bi-lingual and able to communicate with patients in several languages.
- Information leaflets were available in easy read format.
- We saw a health questionnaire for patients to complete which used pictures to explain the questions asked.

Patient and carer support to cope emotionally with care and treatment

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 282 patients as

Are services caring?

carers (2.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were offered an annual health check and invited to a weekly coffee morning.

The patient group had identified a lack of support and facilities for young carers, in response to this the CCG had been invited to the patient group meeting to discuss this.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy letter which also offered a patient consultation at a flexible time and location to meet the family's needs and/or 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 NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice was open until 7.30pm Monday to Friday and every Saturday morning for working patients who could not attend during normal opening hours.
- 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 as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice at Waters Meeting Road was open between 8am and 7.30pm Monday to Friday and between 8am and 12.30pm on Saturday. Appointments were from 8.30am to 12.30pm every morning and 2.30pm to 7.20pm daily. Extended hours appointments were offered between 9am and 11.20am every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The branch surgeries at Little Lever, Market Street and Ladybridge were open between 8am and 6pm Monday to Friday. Little Lever was closed every Wednesday afternoon.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

63% 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.

Requests for home visits are entered on a list and passed to the doctors who then make a phone call to the patient. 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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, through leaflets and posters in the waiting area and on the practice website.

We looked at 13 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, updates to staff training had taken place regarding requesting prescription requests that had been received online.

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 had a mission statement “Our Vision” which had been developed and written by the GPS alongside staff and was displayed throughout the surgery and on the practice website and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values were regularly monitored.

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.
- 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 doctors and managers 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. Staff told us the doctors 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 doctors and management team 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 clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- 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. We noted team away days were held every six months.
- Staff said they felt respected, valued and supported, particularly by the doctors and management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the doctors 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

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 PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. One of the patient group members was also a member of the practice board. An example of changes made in response to patient feedback is that the practice had introduced a system where, although each practice site had its own telephone number, staff were able to answer telephone calls from patients from all sites and make appointments and request prescriptions. The practice had also recruited extra clinical staff to increase the number of appointments available.

Are services well-led?

Good 

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

- The PPG had identified a lack of support and facilities available to young carers therefore the practice have invited the CCG to the next patient group meeting to discuss this.
- The practice had gathered feedback from staff through regular staff surveys, through staff away days and 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. The practice board included staff representatives from the administration and nursing teams.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Some examples were:

- The practice were working in collaboration with Bolton Council, Community services and other local practices in the development of new premises in the Horwich area of Bolton.
- The practice were looking to develop Skype consultations.
- In response to the National Patient Survey results the practice were investigating different ways of improving overall access at the practice, such as seven day working.
- The practice were working towards becoming a dementia friendly practice.
- The practice were developing their training practice accreditation by reviewing opportunities for nursing placements and by being successful in its bid to support the new role of Physician Associate.