

Kirby - Crompton Health Centre

Quality Report

Crompton Health Centre

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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 Kirby-Crompton Health Centre

on 1 November 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 and where actions were identified these were used to improve patient outcomes. The practice used a book to record low level concerns. These concerns were investigated but details about outcomes were not formally recorded. The issues logged were not always low level concerns.

- 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.
- All staff employed by the practice had received a disclosure and barring check (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 was IRIS (Identification and Referral to Improve Safety) approved and the GPs and staff were trained in domestic violence awareness.

Summary of findings

- The practice had strong and visible clinical and managerial leadership and governance arrangements. 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.

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. The learning from significant events was linked to the Bolton quality standards to ensure ongoing improvement.
- Lessons were shared with the staff team 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 practises in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 CCG and national average.
- Staff assessed patients' 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.

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.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- Feedback from patients through the CQC comment cards about their care and treatment was consistently and strongly positive. Patients said they were always treated with dignity and respect and they were involved in decisions about their care and treatment.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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.
- 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. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for 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 strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Telephone consultations were available with a GP or nurse.
- All patients over 75 years had personalised care plans and a named GP.
- Shingles, influenza and pneumococcal vaccinations were offered.
- The building had ramps and a lift to aid patients' mobility.
- There was dedicated space in the waiting area for patients who used a wheelchair.

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.
- 95% of patients with diabetes, on the register, have had an influenza immunisation in the preceding 12 months. This was comparable with the CCG and national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Patients were now invited for their review in their birth month which GPs found ensured more personalised care.
- Longer appointments were available to review multiple conditions such as dementia, mental health and rheumatology.
- Patients with Chronic Obstructive Pulmonary Disease were offered rescue medicines in case of an emergency at home.
- GP's regularly reviewed diabetic patients struggling with high blood glucose levels.

Summary of findings

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 patients who had a high number of A and E attendances. Immunisation rates were high for all standard childhood immunisations.
- 85% 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 CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments were available for children.
- We saw positive examples of joint working with midwives and health visitors.
- All staff were trained in safeguarding.
- Child development examinations were available with a GP.
- Routine childhood immunisations were given by one of the practice nurses who was up to date with current vaccination schedules.
- There was an allocated session in the primary health care team meeting to review children at risk and teenage mothers supported by the Family Nurse Partnership.

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).

Good



- 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.
- Early morning and late evening appointments were available with GP's and nurses.
- NHS health checks were actively promoted.
- The practice actively promoted meningitis vaccinations and sexual health screening.

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.

Good



- The practice held a register of patients living in vulnerable circumstances such as 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 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.
- Practice staff discussed patients at the primary health care team meeting which enabled multidisciplinary involvement.
- Patients with a learning disability were always dealt with urgently and were included in the admission avoidance register.
- The practice had established good links with local drugs and alcohol services which had provided staff with awareness training.

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).

Good



- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average of 86% and the national average of 84%.
- 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 compared to the CCG average of 90% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- A designated GP carried out advance care planning for patients with dementia and longer appointments were available.

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 A and E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 255 survey forms were distributed and 122 were returned. This represented 1.93% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% 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%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 98% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive

about the standard of care received and included individual praise for clinical and non-clinical staff. Patients commented they were always treated with dignity and respect. They said the GPs and nursing staff were kind, caring and non-judgemental. Many of the patients commented that they received an excellent service. They said they felt listened to and reassured during their consultations. Patients described the reception staff as helpful and professional. One patient commented that they felt well cared for; another said their health was in good hands.

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. The results from the FFT were very positive. The data produced from April 2016 indicated that patients were overwhelmingly 'extremely likely' to recommend the practice to their friends and family.

Areas for improvement

Kirby - Crompton Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Kirby - Crompton Health Centre

Kirby Crompton Health Centre is located in Bolton near Manchester. The practice is based in a large purpose built health centre which has a dispensing chemist on site. There are facilities for patients with disabilities such as level access and adapted toilets. A hearing loop to assist patients with hearing problems is also available. There is a car park at the back of the building with dedicated disabled parking bays. There is also off street parking. There surgery is located on a main bus route and there is a train station next to the practice.

The practice is open between 8am and 6.30pm Monday, Wednesday, Thursday and Friday and between 8am and 8pm on Tuesdays.

Appointments with the GPs are:

Monday: 8.30am to 11am and 3pm to 6pm.

Tuesday: 8am to 11.30am and 3.30pm to 7.45pm.

Wednesday: 8.30am to 11.30am and 3pm to 5.15pm.

Thursday: 8.30am to 11.30am and 3pm to 5.45pm.

Friday: 8am to 11.20am and 3pm to 6pm.

Emergency appointments are also available as required. When the practice is closed patients are directed to the out of hour's service run by Bury and Rochdale Doctors on Call (BARDOC)

Kirby Crompton Health Centre is situated within the geographical area of Bolton Clinical Commissioning Group and is responsible for providing care to 6306 patients.

There are eight GPs working at the practice. Six are partners (four male and two female) and two are salaried GPs (both female). The GPs work between two and nine sessions per week. There is one advanced nurse practitioner, three part time practice nurses and a health care assistant (all female) and a part time counsellor (male). There are two practice managers, and a team of administrative / reception staff.

The practice is a training and teaching practice. (Teaching practices take medical students and training practices have GP trainees and Foundation year 2 doctors).

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.

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 1 November 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, both practice managers and a member of the administration team. We also spoke with three members of the patient forum.
- 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 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. The learning from significant events was linked to the Bolton quality standards to ensure ongoing improvement. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

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 and made reference to female genital mutilation. There was a 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 three.

- A form had been drawn up for GPs to complete when a patient had a Deprivation of Liberty Safeguard in place. This was used for all patients registered with the practice that lived in residential accommodation and ensured the correct procedures were followed upon their death.
- 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. (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. One of the GPs 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. The most recent infection control audit was looked at during the inspection. No concerns were raised following this audit.
- 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.
- Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and qualifications 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. Fire risk assessments and fire drills were carried out by the building maintenance company. Small electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had other risk assessments in place to monitor the safety of the premises.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were currently no staff vacancies. Holidays and sickness were covered by the existing staff team with locum GPs known to the practice, being used occasionally.

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 a defibrillator available on the premises and 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.
- Reception staff were trained on how to manage patients who presented with challenging behaviour and a senior member of staff was always available for advice and support.

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 93% of the total number of points available with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice was not an outlier for any QOF (or other national) clinical targets and was in line with or above the national average in a number of clinical outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the national average. 91% of patients on the diabetes register had a foot examination and risk classification within the preceding 12 months compared to the CCG and national average of 88%.
- Performance for mental health related indicators was above the national average. 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 compared to the CCG average of 90% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- Clinical audits and re-audits had taken place in a systematic way to monitor effectiveness of clinical care and improve patient outcomes. We looked at several clinical audits. These were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit carried out in relation to sexually transmitted disease (STD) had resulted in STD testing for patients who required emergency contraception.

Information about patients' outcomes was used to make improvements. For example, clinical procedures were recently changed when it was identified that the referral process for a specific patient health care issue was ineffective. The proposed clinical change had now been accepted as local guidelines for all hospitals and practices in the area.

One of the GPs took lead responsibility for the management of diabetes, hypertension and insulin initiation. A health trainer was available to support patients at risk of developing diabetes with lifestyle changes such as alcohol and smoking.

Patients at risk of cardio vascular disease were kept informed of their health care issues and offered appropriate services such as screening and regular reviews.

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.
- 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. The advanced nurse practitioner was a mentor for the practices nurses carrying out cervical screening tests. Staff were trained in drugs and alcohol awareness.

Are services effective?

(for example, treatment is effective)

- 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.
- 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.
- The practice managers met regularly with other practice managers in the area for peer support and keeping up to date with new ways of working and developments in practise.

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 and agencies such as district nurses, health visitors and the integrated neighbourhood team, 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. GPs met daily to ensure patient information was shared and coordinated effectively.

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.
- Staff were provided with information about the principles of the Mental Capacity Act. This ensured protocols were consistently used throughout the practice.

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 drug and alcohol cessation. Patients were signposted to the relevant services to help them manage their own health care issues. A counsellor was employed by the practice and provided regular one to one sessions following a GP referral.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 80% 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. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for bowel and breast screening was above the CCG and national average.

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 0% to 100% and five year olds from 84% to 96%. If a vaccination appointment was missed, this generated an alert which was raised with the GP safeguarding lead.

Are services effective?

(for example, treatment is effective)

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 39 patient Care Quality Commission comment cards we received were positive about the service experienced and included individual praise for clinical and non-clinical staff. Patients commented that they were always treated with dignity and respect. They said the GPs and nursing staff were kind, caring and non-judgemental. Many of the patients commented that they received an excellent service. They said they felt listened to and reassured during their consultations. Patients described the reception staff as helpful and professional. One patient commented that they felt well cared for; another said their health was in good hands.

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

- 90% 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 88% and the national average of 87%.
- 99% 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%.
- 89% 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 to the national average of 85%.

- 99% 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 national average of 91%.
- 95% 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

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 above local and national averages. For example:

- 90% 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%.
- 92% 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%.
- 96% 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Information leaflets and notices were available in the patient waiting area which told patients how to access 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 108 patients as carers. Written information was available to direct carers to the various avenues of support available to them and they were offered an annual health check. The practice had organised a coffee morning to raise awareness of carers

Are services caring?

and the services available to them both at the practice and in the community. We were informed this was a great success and another event was planned for later in the year.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer a patient consultation either at the practice or in their own home. Staff were kept informed about patients who passed away and a register of deaths was kept.

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 to secure improvements to services where these were identified. For example, the GPs were proactive in addressing the needs of a patient who had experienced difficulty in accessing appropriate hospital services. This had resulted in the patient receiving the right care and treatment and the hospital developing a new pathway for future patients.

- One of the GPs was trained in the positive mental health workshop and used this to help patients with depression, anxiety and sleep disorders.
- The practice had successfully run the local Admission Avoidance Scheme, creating care plans and monitoring the most vulnerable patients using a traffic light system to risk stratify.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had received the Pride in Practice award from the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation. This initiative acknowledges the standard of service provided in LGBT healthcare and provided staff with training on LGBT healthcare awareness. Members of the Patient Forum were invited to attend this training. They said the training was useful in supporting them in their role and making positive contributions to the service for the benefit of all patients.
- A counselling service was available at the practice to patients with emotional care needs.
- The practice was IRIS (Identification and Referral to Improve Safety) approved. This meant that the GPs and staff were trained in domestic violence awareness.

- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Access to the service

The practice was open between 8am and 6.30pm Monday, Wednesday, Thursday and Friday and between 8am and 8pm on Tuesdays.

Appointments with the GPs were:

Monday: 8.30am to 11am and 3pm to 6pm.

Tuesday: 8am to 11.30am and 3.30pm to 7.45pm

Wednesday: 8.30am to 11.30am and 3pm to 5.15pm

Thursday: 8.30am to 11.30am and 3pm to 5.45pm

Friday: 8am to 11.20am and 3pm to 6pm

In addition to pre-bookable appointments, urgent appointments were also available as required for patients that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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. Staff 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. A complaints policy and procedure was in place. No formal complaints were received by the practice this year.

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

- One of the practice managers or a GP took responsibility for handling complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- Actions were identified following any complaint investigations. This information was linked to the Bolton quality framework and used to improve patient outcomes.

We looked at the complaints record. Low level concerns were recorded in a day book. Issues raised had been addressed and discussed, with minutes kept of discussions held, however, there was no formal record of outcomes. The concerns recorded were not always low level would benefit from being managed through the formal complaint process to ensure issues were monitored.

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.

- Results from the national GP patient survey showed the practice was above average for its satisfaction scores on consultations with GPs and nurses.
- The practice had a strong team ethic geared towards excellent patient care and the staff demonstrated they fully supported this way of working.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and 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.
- Each GP and practice nurse took responsibility for the different areas of care. This ensured effective management and good communication amongst the staff team.
- 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. Staff told us the partners 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 patients reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. We saw evidence that meetings were minuted to ensure issues were monitored and actioned.
- The partners and management team met regularly to discuss the overall management of the service and to look at key priorities for the future development and ongoing improvement of the service.
- 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 how to run and develop 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

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 concerns and complaints received. The PPG met regularly with one of the practice managers, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, designated space was now available in the waiting area for patients who used

Are services well-led?

Good 

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

a wheelchair and signs directing patients to consulting rooms were placed at a lower level. Christmas cards were sent to patients who were housebound and the PPG members were fully involved in the carers coffee morning.

- Information about the PPG was displayed in the patient waiting area and members spent time speaking with patients about their role and possible improvements to the practice.
- The practice had gathered feedback from staff 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. Staff were surveyed for their views of the service every two years. We were informed that the last staff questionnaire showed very positive results with staff reporting good working relationships and job satisfaction. They had commented that they felt able to make decisions affecting their work within the team
- 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. The results from the FFT were very positive. The data produced from April 2016 indicated that patients were overwhelmingly 'extremely likely' to recommend the practice to their friends and family.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- All of the GPs were GP trainers.
- All staff were involved in the future developments and it was evident staff worked well as a team.
- In the last year the patient list size had increased and the GPs recognised this trend would continue. There was ongoing planning to ensure the future development of the service maintained good service provision as well as high standards of care. There was succession planning for staff to address the future needs of the service and plans were being made to recruit more GPs.
- A regular newsletter was given to staff to keep them informed of service developments.