

# Walmsley - Crompton Health Centre

## Quality Report

Crompton Health Centre  
501 Crompton Way  
Bolton  
BL1 8UP  
Tel: 01204 463090  
Website: [www.cromptonviewsurgery.co.uk](http://www.cromptonviewsurgery.co.uk)

Date of inspection visit: 14/07/2017  
Date of publication: This is auto-populated when the report is published

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

### Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Walmsley - Crompton Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Walmsley – Crompton Health Centre on 8 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the ‘all reports’ link for Walmsley – Crompton Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out a further announced comprehensive inspection at Walmsley – Crompton Health Centre on 14 July 2017. This inspection was to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 8 July 2016. This report covers our findings in relation to those requirements. We found the improvements had been made and the practice is now rated as good in all domains.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.

# Summary of findings

- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- The provider should have assurance that the defibrillator for the building is available and ready for use.
- The provider should set up a programme of audits.
- The practice should arrange for staff to start the on-line training package that they have signed up to.

**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?

When we inspected the practice on 8 July 2016 there were issues affecting the delivery of safe services to patients. Not all chaperones had had a Disclosure and Barring Service (DBS) check. Staff had not been trained in safeguarding children, and records of significant events were not always kept. Medical supplies past their expiry date were found. Not all pre-employment checks were carried out. At that time we rated the practice as requires improvement.

These arrangements had improved when we undertook a follow up inspection on 14 July 2017. The practice is now rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety to include DBS and adequate pre-employment checks. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



# Summary of findings

- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

When we inspected the practice on 8 July 2016 there were issues affecting the delivery of well-led services to patients. The practice did not always monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

Policies

were in place but not always being followed. At that time we rated the practice as requires improvement.

These arrangements had improved when we undertook a follow up inspection on 14 July 2017. The provider is now rated as good for providing safe services.

Good



# Summary of findings

- 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 process to monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity that were being followed and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. There was a system to highlight safety incidents, share information with staff and take action when appropriate.
- The practice engaged with the patient participation group (PPG).
- GPs who were skilled in specialist areas used their expertise to offer additional services to 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- 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.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



### People with long term conditions

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

- Performance for diabetes related indicators was 100%. This was higher than the CCG average of 88% and the national average of 90%. Clinical exception reporting rates were usually below the CCG and national average.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Good



### Families, children and young people

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

Good



# Summary of findings

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

## **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 this population group had been identified and the practice had adjusted the services it offered to ensure they were accessible, flexible and offered continuity of care, for example, extended opening hours. Weekend appointments were available at a nearby practice.
- 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.

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 those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

Good



# Summary of findings

make them vulnerable. They 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.

## **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).

- The practice carried out advanced care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was 100%. This was higher than the CCG average of 92% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in July 2017. The results showed the practice was performing above local and national averages. 296 survey forms were distributed and 100 were returned. This was a return rate of 34% representing 2% of the practice's patient list.

- 93% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which all contained positive comments about the standard of care received. Comments included about the staff being polite, professional and well-organised. Patients stated GPs listened to them. One patient stated they sometimes had a long wait and another stated they felt not all GPs were helpful.

We spoke with six patients during the inspection, including three members of the patient participation group (PPG). All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One felt routine appointments were difficult to access, but patients stated they could access appointments in an emergency.

## Areas for improvement

### Action the service SHOULD take to improve

- The provider should have assurance that the defibrillator for the building is available and ready for use.
- The provider should set up a programme of audits.
- The practice should arrange for staff to start the on-line training package that they have signed up to.

# Walmsley - Crompton Health Centre

## 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 a second CQC inspector.

## Background to Walmsley - Crompton Health Centre

Walmsley - Crompton Health Centre is also known as Crompton View Surgery. Following the inspection the practice formally changed their name with the Care Quality Commission. It is located in purpose built premises on a main road approximately two and a half miles from Bolton town centre. The practice moved to the building, which is owned by a private landlord, in December 2007.

The practice is situated on the ground and first floor of the building. Patient areas are on the first floor only, and there is a passenger lift available. All consultation rooms are fully accessible. There is a large car park at the rear of the building.

There are three GP partners (two male and one female) and one GP registrar (a trainee GP, female). There are also two practice nurses and a health practitioner. There is a practice manager and reception and administrative staff.

The practice is open between 8am and 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays. On Thursdays the practice is open between 8am and 8pm. There is some flexibility with surgery times, but normal

surgery times are 8.30am until 11.30pm every morning, then 3pm until 6pm Mondays, Tuesdays, Wednesdays and Fridays and 3pm until 7.45pm on Thursdays. Weekend appointments are available via the Bolton GP Federation Hub. This means patients can access pre-bookable appointments at a nearby practice where GPs have access to their electronic patient records.

At the time of our inspection there were 5193 patients registered with the practice. The practice is a member of NHS Bolton Clinical Commissioning Group (CCG). The practice delivers commissioned services under a General Medical Services (GMS) contract. The proportion of patients registered in the 65 to 69 age group is slightly higher than the national average. Male patients have a life expectancy of 78 years (national average 79 years) and the figure is 81 years for females (national average 83 years). The practice area is in the third most deprived decile on the deprivation scale.

There is an out of hours service available provided by a registered provider, Bury and District Doctors on Call (BARDOC), reached via NHS 111.

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

A previous inspection had been carried out 8 July 2016. It was rated requires improvement overall with the following domain ratings:

Safe – Requires improvement

Effective – Good

Caring – Good

Responsive – Good

Well-led – Requires improvement

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations such as the clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 14 July 2017.

During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager and reception staff.
- Spoke with patients and members of the patient participation group (PPG).
- Observed how patients were being cared for in the reception.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

- Looked at the policies and procedures in place.

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 living 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

Our inspection of 8 July 2016 found that not all chaperones had had a Disclosure and Barring Service (DBS) check. Staff had not been trained in safeguarding children, and records of significant events were not always kept. Medical supplies past their expiry date were found. Not all pre-employment checks were carried out.

During this inspection we found that all required improvements had been carried out.

### Safe track record and learning

There was a system 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when it was noticed that more oxygen than anticipated was being used, a review was carried out. It was found that oxygen was used for some patients when guidance stated it was not required. This led to a change in practice and this was also shared with other practices in the area.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

13 Walmsley - Crompton Health Centre Quality Report This is auto-populated when the report is published

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs told us they attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, and nurses were trained to a minimum of level two. 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). At the time of our inspection only clinical staff and the practice manager performed chaperone duties.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The lead GP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Monthly IPC checks were carried out along with a more in-depth six month audit. 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

## Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was safe and in line with best practice guidelines. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They 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.

We reviewed five personnel files, including one for a staff member who had been employed since the previous inspection. We found appropriate recruitment checks had been undertaken prior to employment, including evidence of identity, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- The practice had carried out a risk assessment on their portable electrical appliances, using Health and Safety Executive guidance. They had assessed that an external check was not required but they carried out and recorded visual checks of appliances. All appropriate medical equipment was calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- There were emergency medicines available in the treatment room. However, there was no medicine to treat hypoglycaemia, a condition where blood sugar levels are low due to diabetes. This condition can be dangerous. The practice ordered the medicine during the inspection and we received confirmation that it had been delivered two days following the inspection.
- The practice had a defibrillator available on the premises. This was on the ground floor of the building and shared with other services. Reception staff for the building checked the defibrillator, and separate checks were not carried out by the practice.
- A first aid kit and accident book, and oxygen with adult and children's masks, were available at the practice.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 100% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. The clinical exception rate was below the CCG and national average. 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- Performance for diabetes related indicators was 100%. This was higher than the CCG average of 88% and the national average of 90%. Clinical exception reporting rates were usually below the CCG and national average.
- Performance for mental health related indicators was 100%. This was higher than the CCG average of 92% and the national average of 93%. Clinical exception reporting rates were in line with CCG and national averages.

There was evidence of quality improvement including clinical audit:

- There had been at least two clinical audits commenced in the last two years that were completed audits where the improvements made were implemented and monitored.
- There was evidence of improvement following audits. We saw that the audit for the use of statins (medicines that can lower cholesterol in the blood) in chronic kidney disease (CKD) showed improvement of outcomes between the first audit cycle in April 2014 and the second in February 2016.
- Audits were usually completed by registrars at the practice and there was no programme of regular and continual audits.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- 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. The practice had recently started on-line training and the practice manager was setting up an on-line training programme for staff. 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.

### 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

# Are services effective?

(for example, treatment is effective)

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.

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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## 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.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, patients requiring drug or alcohol intervention and those who would benefit from counselling.
- Practice nurses offered support with smoking cessation and weight management. There was also a smoking cessation service and weight management service in the building.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 82% and the national average of 81%. There was a policy to offer text or written reminders for patients who did not attend for their cervical screening test. The practice was monitoring the take-up of cervical screening as data figures had reduced. They had identified that this was due to a number of patients transferring from another practice and the correct coding had not transferred over. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. One of the female GPs telephoned patients to encourage them to attend breast screening. There were failsafe systems 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 immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 93% to 97% and five year olds also from 93% to 97%.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 20 patient Care Quality Commission comment cards we received contained some positive comments about the patients' experiences. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 86%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to The CCG average of 84% and the national average of 82%.

## Are services caring?

- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that interpretation 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 on request.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 114 patients as carers (2% of the practice list). Annual carer's health checks were offered and in 2016-17 74 patients who were carers had attended for a review. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP telephoned them at an appropriate time. If required this call was either followed by 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 understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Thursday evening until 8pm 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, except Thursday when it was open until 8pm. There was some flexibility with surgery times, but normal surgery times were 8.30am until 11.30pm every morning, then 3pm until 6pm Mondays, Tuesdays, Wednesdays and

Fridays and 3pm until 7.45pm on Thursdays. Weekend appointments were available via the Bolton GP Federation Hub. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent on the day appointments were also available for people that needed them. There were also 'soon' appointments, for less urgent issues, where patients were seen within 48 hours of the appointment request.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was usually higher than local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 71%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 64% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Reception staff had a script to follow to assess urgent requests and if there was a high demand for urgent appointments GPs telephoned patients to assess their 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 a system for handling complaints and concerns.

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

- Its complaints policy and procedures were in line with recognised guidance 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. There was a leaflet available and information was also on the practice website.

We looked at the complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints. We saw they were discussed in meetings, and a six monthly complaints analysis meeting was held to ensure learning had been implemented.

# Are services well-led?

Good 

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

## Our findings

Our inspection of 8 July 2016 found that the practice did not always monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Policies

were in place but not always being followed. For example, verbal complaints were not recorded, and untrained administrative staff were sometimes used to perform chaperone duties.

During this inspection we found the required improvements had been carried out.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There were supporting business plans. We saw the practice mission statement which had holistic aims putting the patient first.

### 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- Clinical audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### 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 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. From the sample of documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were comprehensive and were available for practice staff to view.
- 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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG). The PPG met approximately every three months with around 10 patients attending. Although the group was not representative of the practice population it was being promoted to encourage new members. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

- the NHS Friends and Family test, complaints and compliments received.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was a training practice and employed trainee GPs.