

Care Quality Commission

Inspection Evidence Table

Stable Fold Surgery (1-569921627)

Inspection date: 17 December 2018

Date of data download: 04 December 2018

Overall rating: Requires improvement

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Requires improvement

Safety systems and processes

The practice did not always have clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y*
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y**
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Y

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>*Not all staff were aware of who the lead was.</p> <p>**Staff had mixed understandings of their role when chaperoning. We were told some GPs preferred chaperones to stand outside the curtain. Chaperones had completed on-line training.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The majority of recruitment checks had been carried out but there was no system to ensure all information, for example confirmation of employment dates and reasons for leaving employment if required, were requested.</p>	

Safety systems and records		Y/N/Partial
There was a record of portable appliance testing (PAT) or visual inspection by a competent person. Date of last inspection/test:	N	
There was a record of equipment calibration. Date of last calibration:	Y 15/03/2018	
There was a fire procedure in place.	Y	
There was a record of fire extinguisher checks. Date of last check:	Y March 2018	
There was a log of fire drills. Date of last drill:	N	
There was a record of fire alarm checks.	Y	
There was a record of fire training for staff. Date of last training:	N	
There were fire marshals in place.	Y	
A fire risk assessment had been completed. Date of completion:	Y 20/12/2018	
Actions from fire risk assessment were identified and completed.	Y	
<p>Explanation of any answers and additional evidence:</p> <p>The fire extinguishers had an annual check and service.</p> <p>There had been no formal fire drills. The practice manager told us they had informal drills when there were no patients in the building but these were not timed or documented.</p> <p>The practice manager told us PAT testing had been carried out at the same time as calibration. However, they said the company had not supplied evidence and they were changing the company they used.</p> <p>Not all staff had completed fire training.</p> <p>At the time of the inspection no fire risk assessment had been carried out. The practice manager told us they thought it had been carried out during a fire alarm service, but this was found not to be the case. The practice manager carried out a fire risk assessment following the inspection, but we saw no evidence they had had fire training. The fire risk assessment indicated staff required training. The fire risk assessment indicated there were in-house inspections of fire precautions but other than fire alarm checks we saw no further evidence.</p> <p>There was no emergency lighting in the practice. The practice manager told us this was not required as all rooms were close to exits, but there had not been a formal risk assessment.</p>		

Health and safety	Y/N/Partial
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Premises/security risk assessment had been carried out.	Y
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Partial
Staff had received effective training on infection prevention and control.	N
Date of last infection prevention and control audit:	02/07/2018
The practice had acted on any issues identified in infection prevention and control audits.	See below
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an infection prevention and control policy that had been adopted by Bolton CCG. It was not practice specific so did not include information about who the infection control lead was, what training should be completed and what audits should be carried out.</p> <p>The practice manager carried out an infection control audit in July 2018 but there was no evidence of actions being completed or an action plan being in place. They were also the infection control lead for the practice. There was no evidence held of the practice manager having infection control training and they explained they had not had time to complete all the required training.</p> <p>The cleaning contractor carried out a monthly cleaning audit to ensure all areas in their contract were covered. This was for their auditing purposes.</p> <p>The hand hygiene policy stated there would be an annual audit to ensure all staff used the correct hand washing technique. The practice manager told us they carried out a monthly hand wash, but this was around facilities for handwashing. They did not check the handwashing technique of staff.</p>	

Risks to patients

There were adequate in systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y

There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Appropriate and safe use of medicines

The practice did not have adequate systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - (NHSBSA)	1.13	1.07	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	10.7%	6.8%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y*
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels	Y

Medicines management	Y/N/Partial
and expiry dates.	
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During the inspection we were told there was no Benzylpenicillin or alternative in the emergency medicine box and no risk assessment had been carried out. Following the inspection the practice told us that all GPs had Benzylpenicillin in their own rooms but urgent transfer to hospital would be the priority if required.</p> <p>Although there was a policy in place and staff checked the prescription box periodically, they treated prescriptions that had not been collected in different ways.</p> <p>*PGDs were in place but had not been dated by the authorising signatory (the practice manager).</p>	

Track record on safety and lessons learned and improvements made

The practice did not have an adequate system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	11
Number of events that required action:	7
Explanation of any answers and additional evidence: There was a system for recording and acting on significant events (SEAs), but this was not effective. SEAs were discussed in meetings, but the SEA form was not updated. The only record of a discussion was in meeting minutes. Review dates and discussions were also not on the forms and there was no central register of SEAs. The practice manager told us they put the SEAs on the following meeting agenda to make sure they were not missed. However, we saw two SEAs from 10/09/2018 and 13/09/2018. These had not been discussed in the clinical meetings held on 18/09/2018 or 16/10/2018, or at the reception meetings held on 17/09/2018 or 15/10/2018. The partners told us there was no analysis of trends.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A patient attended for a regular injection. The practice nurse realised it had not been authorised.	Advice sought from GP immediately. A previously employed nurse had administered the previous dose. Authorisation was given so the nurse could proceed with the injection.
Some emergency medicines were found to be out of date.	The practice manager found that emergency medicines had not been checked for two months due to capacity issues. They changed the process and the responsibility for carrying out checks was changed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

Effective

Rating: Requires improvement

Effective needs assessment, care and treatment

Patients' needs were not fully assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	1.23	0.98	0.81	No statistical variation

Older people

Population group rating: Requires improvement

Findings

Although there are examples of effective care for older people, the effective domain has been rated as requires improvement. The issues found relate to all the population groups.

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- A GP had regular visits to nursing and residential care homes in the area where care plans were updated.

People with long-term conditions improvement

Population group rating: Requires

Findings

Although there are examples of effective care for people with long-term conditions, the effective domain has been rated as requires improvement. The issues found relate to all the population groups.

- Patients with long-term conditions had an annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	68.0%	75.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.9% (12)	9.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	71.1%	75.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.7% (24)	6.4%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	66.5%	78.1%	80.1%	Variation (negative)
Exception rate (number of exceptions).	10.8% (45)	9.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	82.3%	73.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.8% (14)	4.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	86.6%	89.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	6.0% (10)	7.3%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	83.1%	82.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.5% (16)	3.3%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	94.3%	93.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.8% (3)	5.1%	6.7%	N/A

Any additional evidence or comments

The practice was aware of the negative variation in relation to diabetes. They were looking at ways to improve this but were not specifically targeting the group.

Families, children and young people improvement

Population group rating: Requires

Findings

Although there are examples of effective care for families, children and young people, the effective domain has been rated as requires improvement. The issues found relate to all the population groups.

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	85	86	98.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	82	83	98.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	82	83	98.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	82	83	98.8%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

Although there are examples of effective care for working age people, the effective domain has been rated as requires improvement. The issues found relate to all the population groups.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book appointments online and order repeat medication without the need to attend the surgery.
- The practice had appointments until 8.30pm one evening each week.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	80.7%	72.7%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.4%	71.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.7%	52.3%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	52.9%	71.7%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	54.5%	48.8%	51.6%	No statistical variation

Any additional evidence or comments

There was no failsafe system in place to check all cervical screening test results had been received. The practice would not be aware of a test was not received at the laboratory.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

Although there are examples of effective care for people whose circumstances make them vulnerable, the effective domain has been rated as requires improvement. The issues found relate to all the population groups.

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

**People experiencing poor mental health
(including people with dementia)
improvement**

Population group rating: Requires

Findings

Although there are examples of effective care for people experiencing poor mental health, the effective domain has been rated as requires improvement. The issues found relate to all the population groups.

- Although there was a policy, there was no system to follow up patients with poor mental health who failed to collect their prescription. Reception staff treated uncollected prescriptions in different ways.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.9%	89.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	7.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.9%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.2%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	89.8%	89.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.9% (2)	6.4%	6.6%	N/A

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	507.91	-	537.5
Overall QOF exception reporting (all domains)	2.9%	4.3%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	N

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

Following the inspection the practice sent us information about their quality improvement initiatives in Bolton and nationally.
We did not see evidence of a programme of quality improvement in the last 3 years:

- The practice provided us with ten medicine audits prior to the inspection. One was from 28/02/2018 and the others were undated. Although searches were completed to check if action was required, there was no evidence that medicines had been changed if required or if follow up tests had been completed. These had been performed by the CCG medicines management team.
- During the inspection the practice provided us with three other audits:
 - An ACE inhibitor audit from 2014-15 resulted in two patients receiving a more appropriate dose.
 - In 2014 a two-cycle audit looked at changing 7-day prescriptions to 28-day prescriptions. Dispensing fees were reduced as the number of patients on reduced prescriptions fell from 56 to 10.
 - There was an audit in December 2015 on coughs in primary care. This showed antibiotics were appropriately prescribed 57% of the time. No second cycle was completed.

Effective staffing

The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Partial
The practice had a programme of learning and development.	Partial
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice manager told us that staff had had an appraisal in the previous 12 months, and staff also stated this. However, evidence showed the last appraisals in most of the personnel files we looked at were in 2015. The practice manager said they thought staff must have taken their appraisal documents home, and they did not keep a central register of appraisals or copies.</p> <p>The practice manager had never had a formal appraisal.</p> <p>The practice manager told us that some training was not up to date. The practice nurse had gaps in their training as they had been required to be in surgeries. The practice manager also had a lot of gaps and said they had not had time to complete it.</p>	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.3%	95.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (13)	0.6%	0.8%	N/A

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: The practice had completed Pride in Practice Gold level. Pride in Practice is a quality assurance support service that strengthens and develops primary care services relationship with their lesbian, gay, bisexual and trans (LGBT) patients within the local community. The practice nurses were proactive in the lesbian community to encourage cervical screening uptake. The practice held gender dysphoria services information and information about support groups, including for children. The practice registration form included non-binary gender identities.	

Source	Feedback
Patient interviews	Patients told us they were treated with compassion and respect. One patient told us a GP telephoned them at home to see how they were feeling and another said a GP regularly telephoned when a relative was ill.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7389	252	104	41.3%	1.41%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	91.6%	90.6%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	95.0%	89.0%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.2%	95.3%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	91.5%	86.0%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	N

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
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Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	Patients we spoke with told us they found staff and clinicians very compassionate. We were told examples of GPs providing excellent care, including end of life care where the GP cared for the whole family.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	97.0%	93.4%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y

Carers	Narrative
Percentage and number of carers identified.	213 carers, 2.9% of the practice population.
How the practice supported carers.	Carers were invited for an annual health check and for a flu jab. Carers were also signposted to Bolton Carer's Association.
How the practice supported recently bereaved patients.	All staff were notified when a patient died so they were aware if a relative telephoned or called in. A bereavement card was sent and help and support offered.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: Although the reception area was not private reception staff were aware of how to keep information confidential. There was also a separate desk where conversations were more private, and a private room was also available if required. The patients we spoke with told us they did not feel lack of privacy was an issue.	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 8.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	9am – 11.30am and 3.30pm – 5.30pm
Tuesday	9am – 11.30am, 3.30pm – 5.30pm and 6.30pm – 8.30pm
Wednesday	9am – 11.30am and 3.30pm – 5.30pm
Thursday	9am – 11.30am and 3.30pm – 5.30pm
Friday	9am – 11.30am and 3.30pm – 5.30pm
NB the above are the regular surgery times but extra urgent appointments were added on to regular surgeries whenever they were required. In addition, GP appointments in the evenings and during the weekend could be made at a nearby hub.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7389	252	104	41.3%	1.41%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	98.4%	95.5%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits to the housebound and urgent appointments for those with enhanced needs and complex medical issues.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under five were offered a same day appointment when necessary.
- There were appointments available outside school times.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group 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 open until 8.30pm on a Tuesday. Pre-bookable appointments were also available to all patients at additional locations within the area in the evenings and during the weekend.

People whose circumstances make them vulnerable group rating: Good

Population

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, and the practice had previously registered patients with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	44.4%	78.6%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	67.6%	72.8%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	59.2%	71.1%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	82.1%	75.3%	74.4%	No statistical variation

Source	Feedback
Patient interviews	Patients told us they could usually access an appointment when required. However, they told us that on the minority of occasions they could not access an urgent appointment they were able to speak with a GP for advice and they would arrange an urgent appointment if they felt this was required.

Listening and learning from concerns and complaints

Complaints were listened and responded to but not always used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	16
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	N
<p>Explanation of any answers and additional evidence:</p> <p>There was no system in place to track the stages of complaints. The practice manager set a task on their computer system, but complaints were not coordinated. We saw examples of complaints that had been discussed but were not on the complaints document the practice produced for CQC and an example of a complaint that was on the document but had not been discussed at a meeting.</p> <p>The complaints policy stated that conversations following verbal complaints would be documented in the complaints file. This did not always happen.</p> <p>However, complaints were investigated and responded to appropriately.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Verbal complaint as a patient had not been given a home visit when requested.	The GP explained the triaging of visit requests to the patient, explained that the patient was not housebound and therefore an urgent appointment was provided instead.
Complaint as patient was unable to see a GP of their choice on a specific day.	The appointment protocol was explained to the patient and it was explained urgent appointments were available, but this would be with the GP for that day. GPs did not work on all days.

Well-led

Rating: Requires improvement

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y

Vision and strategy

The practice had a vision and strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Explanation of any answers and additional evidence: Although the practice had a vision, there had been recent unexpected staff changes and recruitment was difficult. This had impacted on their ability to take forward their vision.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	Staff told us they worked closely as a team and felt supported by their managers and the partners.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	N
There was a systematic programme of clinical and internal audit.	N
There were effective arrangements for identifying, managing and mitigating risks.	N
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Although there was a business continuity and disaster recovery plan not all partners were aware of it. A copy was kept off site with the practice manager and assistant practice manager, but not with any of the partners. Following the inspection the practice told us it could be accessed by staff at home via the shared network.</p> <p>Although there was some evidence of risk assessing there were gaps in fire and infection control management. There were no formal fire drills and training was not up to date. Staff did not have an annual hand wash assessment and infection control training was not up to date, including for the infection control lead.</p> <p>Not all staff files were up to date for training and appraisal.</p> <p>The practice could not demonstrate a structured or effective quality improvement programme.</p>	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There were gaps in fire and infection control risk management. Not all staff were aware of the business continuity plan and risk assessment. There had been no formal fire drills.</p>	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Feedback from Patient Participation Group (PPG).

Feedback
Members of the PPG told us they felt the practice was open with them and kept them informed of any changes or pressures within the service. They felt able to make comments and suggestions and felt listened to.

Continuous improvement and innovation

There was little evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	N
Learning was shared effectively and used to make improvements.	N
Explanation of any answers and additional evidence: Although learning was discussed in meetings with was not well-monitored. For example, learning from SEAs and complaints was only documented in meeting minutes and there was no over-arching SEA or complaints document providing information. Staff training was not up to date, and there was no evidence of recent appraisals taking place. Clinical audits did not demonstrate an effective approach to quality improvement in the last 3 years.	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.