

# Bolton House Surgery

## Quality Report

10 Bolton Road  
Eastbourne  
East Sussex  
BN21 3JY  
Tel: 01323 730537  
Website: [www.boltonroadsurgery.co.uk](http://www.boltonroadsurgery.co.uk)

Date of inspection visit: 16 December 2014  
Date of publication: 23/04/2015

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?

Requires improvement 

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	6
What people who use the service say	8
Areas for improvement	8

### Detailed findings from this inspection

Our inspection team	9
Background to Bolton House Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	20

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bolton House on 16 December 2014. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing effective, responsive, caring and well led services. However, it was rated as requires improvement in relation to providing safe services. The practice was rated as good for providing services to people with long term conditions, families, children and young people, working age people, people whose circumstances make them vulnerable and for services for people with mental health problems including those with dementia.

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

- The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There was evidence that the practice had learned from these and that the findings were shared with relevant staff.

- Patient feedback was positive. Patients said they were treated with compassion, dignity and respect. They said they felt listened to and that they were involved in decisions about their care and treatment.
- The GPs ran personal lists which helped ensure patients always saw their own GP.
- The practice was responsive to the needs of its patients. In particular it understood the need to provide information in other languages to meet the needs of its non-English speaking patients.
- Staff felt well supported by management and told us they had good access to training.
- Improvements were required to the practice premises in order to make it more suitable for providing safe and accessible and modern primary care services.

There were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Handle blank prescription forms in line with current guidance from NHS Protect.

# Summary of findings

In addition the provider should:

- Provide training to all staff on infection control and ensure that infection control is covered in the induction for all new staff.
- Undertake a formal risk assessment of the health and safety of the building on a regular basis which identifies the actions required to mitigate any risks.

- Provide training for all staff on safeguarding vulnerable adults.
- Ensure all staff have an annual appraisal which is agreed and documented.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about significant events and complaints was recorded, monitored, appropriately reviewed and addressed. There were enough staff to keep patients safe. However we noted that the practice had not undertaken an up to date formal health and safety risk assessment of the building. We also found that blank prescription forms were not handled in accordance with national guidance so as to ensure these were tracked through the practice.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles. Staff worked with multidisciplinary teams. Not all staff had been appraised in the last year however all of them felt well supported in their roles. We saw evidence that the practice was in the process of implementing a new appraisal system.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand and was provided in several different languages. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to try and secure improvements to services where these were identified. Patients said they could always get appointments with their named GP and that there was continuity of care. The GPs had

Good



# Summary of findings

personal lists to ensure patients always saw their own GP. Urgent appointments were always available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared appropriately.

## **Are services well-led?**

The practice is rated as good for being well-led. It had a clear ethos about ensuring the health and happiness of its patients. Staff felt supported by management and were clear about their roles and responsibilities. The practice had a number of policies and procedures to govern activity and held regular practice meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions and attended staff meetings and events. Not all staff had been appraised in the last year however we saw evidence that the practice was in the process of implementing a new appraisal system.

**Good**



# 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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and provided regular support to people in residential and nursing home care.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the GPs and practice nurses 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. Many of the practice's families with young children were non-English speaking. The practice had put systems in place to identify the vaccination history for these children and provided the parents with written information about vaccinations in the language they required. Immunisation rates were relatively high for all standard childhood immunisations. We were provided with examples of good joint working with the health visiting service.

Good



### Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care which included the availability of email consultations. Each doctor held a personal list of patients which ensured that patients always saw the same doctor to ensure continuity of care. The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. It had identified a number of people. The practice had identified a high proportion of patients living in vulnerable circumstances including homeless and vulnerably housed people, substance mis-users and those with a learning disability. The practice did not participate in the locally enhanced service for people with a learning disability. However, it provided people with a learning disability with individualised care tailored to their specific needs. It was clear that the practice staff had a strong ethos of treating vulnerable patients equally and with compassion and sensitivity.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice took part in the national enhanced scheme for undertaking a proactive approach to the timely assessment of patients who may be at risk of dementia. The practice undertook dementia screening clinics alongside seasonal flu clinics in order to improve uptake of the screening. The practice referred people to local mental health services and worked with multi-disciplinary teams in the case management of people experiencing poor mental health.

People with mental health problems were signposted to local support groups and voluntary organisations. Reception, administrative and nursing staff had undertaken training on understanding dementia.

Good



# Summary of findings

## What people who use the service say

We reviewed three comment cards where patients and members of the public shared their views and experiences of the service. We also spoke to two patients on the day of the inspection. All of the patient feedback was positive. Patients told us that staff were caring and that they were treated with dignity and respect. They said they felt listened to and that they got the right treatment at the right time.

We reviewed the most recent data available for the practice on patient satisfaction. Results of the 2013 national GP survey showed the practice amongst the best in a number of areas. For example, 92% of respondents said they would recommend their practice. The results of the practice's own patient survey undertaken this year showed similar positive results. For example, 96% of respondents rated the support and care provided by the nursing team as excellent or good.

## Areas for improvement

### Action the service **MUST** take to improve

- Handle blank prescription forms in line with current guidance from NHS Protect.

### Action the service **SHOULD** take to improve

- Provide training to all staff on infection control and ensure that infection control is covered in the induction for all new staff

- Undertake a formal risk assessment of the health and safety of the building on a regular basis which identifies the actions required to mitigate any risks.
- Provide training for all staff on safeguarding vulnerable adults.
- Ensure all staff have an annual appraisal which is agreed and documented.

# Bolton House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

### Background to Bolton House Surgery

The practice is situated near the centre of Eastbourne and provides general medical services to approximately 5263 patients. There are five GP partners. There are three male GPs and two female. The practice also employs three practice nurses. Opening hours are Monday to Friday 8.30am to 5.30pm. The practice provides a wide range of services to patients including clinics for asthma, diabetes, cervical screening, family planning, heart disease and hypertension, dressings and wound care, 24 hour blood pressure monitoring, smoking cessation and cryotherapy. The practice provides services under a general medical services contract.

The practice has a significantly higher than average number of registered patients above the ages of 65, 75 and 85. It also has high number of elderly patients living alone. It has higher than the national average deprivation score and second most deprived patient list in the clinical commissioning group area.

The practice has opted out of providing Out of Hours services to their own patients. Patients were able to access Out of Hours services through NHS 111.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This inspection was planned to check whether the provider is 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. This provider had not been inspected before and that was why we included them.

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the Eastbourne, Hailsham and Seaford clinical commissioning group (CCG), NHS England and Healthwatch to share what they knew. We carried out an announced visit on 16 December 2014.

During our visit we spoke with a range of staff including, the GPs, the practice manager, the practice nurses, administrative staff and receptionists. We reviewed care records of patients and examined practice management policies and procedures. We spoke with representatives from the practice's patient participation group.

We also reviewed three comment cards where patients and members of the public shared their views and experiences of the service. We spoke to two patients on the day of the inspection.

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

# Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We were provided with examples which confirmed this to be the case.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. We saw from the minutes we looked at that significant event reviews was a standing item on the practice meeting agenda. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used a standard template incident on the practice intranet for reporting significant events and sent completed forms to the practice manager. The records we looked at showed that they were completed in a comprehensive and timely manner. We saw evidence of action taken as a result.

National patient safety alerts were disseminated by the practice manager by email to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all clinical staff had received relevant role specific training on safeguarding children and vulnerable adults. Receptionists and administrative staff had undertaken training on

safeguarding children but not vulnerable adults. However they were familiar with the practice's policy for safeguarding vulnerable adults. All staff were aware of their roles and responsibilities in relation to safeguarding in general practice. They were able to describe the types of signs and symptoms of potential abuse and knew who to contact if they had concerns. Contact details were easily accessible. It was noted that the practice had not made any safeguarding referrals.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role.

The practice had a chaperone policy in place and the details of how to access this service were displayed on the walls in the consulting rooms and in the waiting area. This allowed patients to have someone else present for any consultation, examination or procedure if they wished. This could be a family member or friend or a formal chaperone from the practice's clinical team.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

All prescriptions were reviewed and signed by a GP before they were given to the patient. However, we found evidence that blank prescription forms were not tracked through the practice or kept securely at all times in accordance with national guidance.

### Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy. We saw

## Are services safe?

evidence that the lead had carried out an audit of infection control during the last year and that actions for improvement had been identified. Although the nurses had training on infection control as part of their continued professional development we noted that no training on infection control or hand washing techniques had been provided to administrative and reception staff. There was no evidence that staff received induction training about infection control.

An infection control policy was available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

We saw that the practice had undertaken a risk assessment to ascertain all risks associated with their premises in relation to legionella and that a medium risk had been identified. The practice told us that it was taking action to reduce the risks identified.

### Equipment

The practice manager told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

### Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

The practice manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

### Monitoring safety and responding to risk

The practice was based in a detached Victorian listed building which it recognised was not suitable for delivering modern primary care services. The practice had been trying unsuccessfully for a number of years to get funding for new premises. Services for patients were provided on the ground and first floor of the building. There was no lift and there were steep stairs to the first floor consulting room. The practice had conducted a feasibility study to determine whether a lift could be installed which concluded this was not possible. We were told that any patient for whom the stairs are not manageable or safe could request for their appointment to be downstairs. All of GPs whose regular rooms were upstairs had dedicated appointments each week for seeing patients on the ground floor. The building was currently undergoing extensive external repair work and decoration. We observed that scaffolding had been erected outside the building to enable this to be completed. We were told that a plan was in place for the next phase of work which included internal decoration. Whilst there was evidence that risks to patients staff and visitors had been identified and that actions had been taken to reduce and manage the risks, we noted that the practice had not undertaken a formal health and safety risk assessment of the building since 2012.

### Arrangements to deal with emergencies and major incidents

There were arrangements in place to deal with on-site medical emergencies. We saw evidence that all staff had received up-to-date training in basic life support appropriate to their role.

Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency).

Emergency medicines were available in the treatment rooms and all GPs and nurses knew of their location. These included those for the treatment of cardiac arrest,

## Are services safe?

anaphylaxis and hypoglycaemia. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The practice had arrangements in place to deal with foreseeable emergencies. We saw that there was a

comprehensive and up-to-date business continuity plan in place. The plan outlined the arrangements to deal with foreseeable events such as loss of energy supplies, severe weather, loss of the computer system and essential data and fire.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated.

The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with local and national guidelines, and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes and prescribing. The practice nurses supported the GPs work on chronic disease management, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

The practice showed us three clinical audits that had been undertaken in the last year. Two of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example the practice undertook an audit of unnecessary and inappropriate usage of blood glucose testing to avoid cost of test strips and improve patient outcomes. As a result of the audit and action taken the practice was able to demonstrate a reduction in the issuing of blood glucose testing strips. The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common

long-term conditions and for the implementation of preventative measures). For example, an audit was undertaken of the appropriateness, safety and cost-effectiveness of prescribing of high dose inhaled corticosteroids in asthma and chronic obstructive pulmonary disease (COPD) in patients over five years of age.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, 92% of patients with atrial fibrillation measured within the last 12 months were treated with anti-coagulation drug therapy or an anti-platelet therapy. The practice used QOF data to make changes to way the way services for patients were delivered. For example, to encourage young asthma sufferers to attend their annual review they were invited to attend clinics on a Saturday morning as opposed to during the week.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. The GPs had peer review arrangements with neighbouring practices and worked with them to review referrals and clinical pathways. For example the GP practices had worked as a group to develop a clinical pathway for urology referrals. They had also undertaken a peer-review of selected orthopaedic referrals.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending courses in key areas such as annual basic life support. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff had annual appraisals that identified learning needs. We were told that appraisals for administrative and reception staff had not been undertaken during the last year because the system for appraisal was in the process of

# Are services effective?

(for example, treatment is effective)

being re-designed. We saw evidence that all staff would have up to date appraisals by January 2015. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses.

## Working with colleagues and other services

There was evidence that the practice worked closely with other organisations and health care professionals. We saw that the GPs had regular multi-disciplinary meetings with representatives from the community nursing team, mental health services and adult social care to discuss patients with mental health problems, those with complex health and social care needs as elderly patients who may be at risk of admission. There were also multidisciplinary meetings which included community nursing and hospice staff to discuss the needs of patients on the "palliative care" register. This was part of the Gold Standards Framework which aimed to ensure that people at the end of their life had a high standard of care.

## Information sharing

The practice used electronic systems to communicate with other providers. Blood results were available on a system linked to the pathology laboratory. Letters from the local hospital including discharge summaries and reports from the Out of Hours providers were received both electronically and by fax. These were scanned into the electronic patient records. The practice had arrangements in place to ensure relevant staff in passed on, read and took action on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required.

## Consent to care and treatment

All of the GPs we spoke with were aware of their responsibilities in relation to obtaining consent to care and treatment. We saw that consent was clearly recorded in the patient records that we looked at. We found that GPs were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. Patients with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions.

## Health promotion and prevention

It was practice policy to offer all new patients registering with the practice a health check with a practice nurse. The practice also offered NHS Health Checks to eligible patients aged 40-75. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Seasonal flu vaccinations were available to at risk patients such as patients aged 65 or over. The practice provided opportunistic interventions in relation to smoking cessation and provided information to patients on local smoking cessation services which it actively promoted. It also offered cervical screening services. There was a range of patient literature on health promotion and prevention available for patients in the waiting area. The practice website provided patients with health advice and information about healthy lifestyles.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2013 national patient survey and a survey of 163 patients undertaken in conjunction with the practice's patient participation group (PPG). The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed that 94% of respondents to the GP patient described the overall experience of their surgery as fairly good or very good. However, we noted that several respondents to the practice's own survey commented on the suitability of practice premises in particular the steep stairs and internal décor.

Patients completed CQC comment cards to tell us what they thought about the practice. We received three completed cards and both were positive about the service experienced. We also spoke with two patients on the day of the inspection. Patients said they felt the practice offered a good service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private. Patients were offered a separate room if they wanted to discuss matters with a receptionist in private.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionist told us that they often had to deal with volatile patients and that other staff were always

available to assist them with this. They told us that their managers supported them in dealing with these situations sensitively and effectively and that training had been provided on dealing with aggressive behaviour.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 89% of practice respondents said the GP involved them in care decisions. This was above the national average.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received.

Translation services were available for patients who did not have English as a first language. The practice had also ensured that patient information leaflets were also available in different languages, in particular, to meet the needs of the large proportion of patients on its register from Eastern Europe. For example, we saw that the out of hours information in the patient waiting area was available in seven different languages which included Polish, Latvian and Lithuanian.

### **Patient/carer support to cope emotionally with care and treatment**

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, the results of the national patient survey showed the practice was also above average for its satisfaction scores on consultations with doctors and nurses with 90% of practice respondents saying the GP was good or very good at treating them with care and concern.

Notices in the patient waiting room, and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. The practice provided written information to carers to ensure they understood the various avenues of support available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was able to demonstrate that it understood the needs of its population and that it addressed the needs identified. For example, patient information on the website and in the practice was provided in a number of different languages in particular to meet the needs of the east European patients on its register. The practice ensured that foreign families provided vaccination records from their home country so that the correct vaccination requirements for their children could be identified.

There was an active patient participation group (PPG) which met regularly with the practice. We met with two representatives from the PPG. They told us that practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the group. For example, the practice had provided new toy boxes for the storage of children toys in the waiting area as requested by the PPG.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example the translation services and information available to non-English speaking patients. The practice had also recognised the needs of younger patients with asthma and had organised annual review clinics on Saturday mornings for them to try and encourage attendance. The practice provided equality and diversity training through e-learning and we noted that three staff members had completed this during the last year. All the staff we spoke with demonstrated a strong ethos for caring for and treating patients equally and sensitively based on their needs and regardless of their age, gender, race or culture.

The practice was based in a detached Victorian listed building which it recognised was not suitable for delivering modern primary care services. Services for patients were provided on the ground and first floor of the building. There was no lift and there were steep stairs to the first floor consulting room. The practice had conducted a feasibility study to determine whether a lift could be installed which concluded this was not possible. We were told that any patient for whom the stairs are not manageable or safe could request for their appointment to be downstairs. All of GPs whose regular rooms were upstairs had dedicated

appointments each week for seeing patients on the ground floor. There was a disabled access toilet on the ground floor which required extensive redecoration due to water damage.

### Access to the service

The practice was open from 8.30am until 5.30pm Monday to Friday. The practice operated a pre bookable appointment system whereby patients could make an appointment for up to four weeks in advance. They also offered same day appointments. The practice also had medical emergency slots every day. Longer appointments were also available for patients who needed them and those with long-term conditions.

Appointments could be made in person, by telephone or on-line via the practice's website. The practice used mobile telephone number with patient agreement to text appointment reminders. A timetable of clinician availability was available on the practice website. Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to.

Each of the doctors at Bolton House had personal patient lists which ensured that patients only saw another doctor if their own doctor was on leave. This ensured continuity of care.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Written Information on the out-of-hours service was provided to patients in a number of different languages.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible

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

person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system in the waiting areas and on the practice website.

We looked at the complaints record and responses to patients over the last twelve months. The practice had

received twelve complaints during this period. The practice reviewed complaints annually to detect themes or trends. We saw that lessons learned from individual complaints had been acted on.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear ethos, set out on its website, of ensuring the health and happiness of its patients. It was clear from the staff we spoke with that they were dedicated to providing high quality primary care services with professionalism, discretion and friendliness. The practice had a clear set of aims and objectives which it described in its statement of purpose.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity which were easily accessible to staff via their computer desk top.

The practice had a schedule of meetings to govern its business. This included weekly clinical meetings to discuss new guidelines, significant events and complaints. There were regular multi-disciplinary meetings to discuss patients with complex needs and those on the palliative care register.

There was a leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and a GP lead for safeguarding. The staff we spoke with were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed and action was taken to maintain or improve outcomes.

The GPs told us about a local peer review system they took part in with neighbouring GP practices. This had enabled the practice to compare selected orthopaedic referrals and develop a pathway for urology referrals.

The practice had an on-going programme of clinical audits which it used to monitor quality and identify where action should be taken.

It was noted that the practice's arrangements for identifying, recording and managing risks required updating. For example the risk assessment tool for health and safety had not been updated since 2012.

### Leadership, openness and transparency

The practice held regular meetings for all staff groups although these were not always minuted. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. We also noted that all staff attended regular protected learning time events. The practice held an annual social event in the summer for all staff.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff, for example sickness absence and taking time off for medical appointments. Staff could access these policies via their computer desktop. Staff we spoke with knew where to find these policies if required.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had regularly gathered feedback from patients through patient surveys and complaints received. We looked at the results of the annual patient survey and 43% of patients were not aware of the ability to book appointments on line. We saw as a result of this the practice had publicised this more clearly on its website.

The practice had an active patient participation group (PPG) which it regularly met with. The practice manager showed us the analysis of the last patient survey, which was considered in conjunction with the PPG. The results and actions agreed from these surveys were available on the practice website.

### Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and supervision. All staff had annual appraisals. We were told that appraisals for administrative and reception staff had not been undertaken during the last year because the system for appraisal was in the process of being re-designed. We saw evidence that all staff would have up to date appraisals undertaken by January 2015. Staff told us that the practice was very supportive of training and that they had regular protected learning time sessions where guest speakers and trainers attended.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice improved outcomes for patients.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The registered person had not protected patients against the risks associated with medicines because appropriate arrangements had not been put in place for the safe keeping of blank prescription forms. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to regulation 12.- 2. (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment, the proper and safe management of medicines.