

# The Dunstan Partnership

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

The Dunstan Partnership was inspected on the 4 December 2014. This was a comprehensive inspection.

We rated The Dunstan Partnership as Outstanding in relation to being responsive and good in relation to being safe, effective, caring, and well-led.

Our key findings were as follows:

Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Systems were in place to manage medicines and prescriptions safely and for managing infection prevention and control.

The practice had systems in place to ensure best practice was followed. This was to ensure that people's care, treatment and support achieved good outcomes and was based on the best available evidence.

Information we received from patients reflected that practice staff interacted with them in a positive and empathetic way. They told us that they were treated with respect, always in a polite manner and as an individual.

Patients spoke positively in respect of accessing services at the practice. A system was in place for patients who required urgent appointments to be seen the same day.

We saw areas of outstanding practice including;

GPs personally telephoned all patients identified as "at risk of hospital admission" if they had been admitted and then discharged from hospital to conduct an initial post discharge review as soon as possible. The purpose of this was to initiate speedy appropriate action to prevent the patient being re-admitted to hospital if possible.

The practice had achieved the 'Pride in practice gold award' (in March 2014) to celebrate their dedication to delivering an excellent service to all patients. Pride in Practice is a quality assurance support service provided by The Lesbian & Gay Foundation to GP practices to support improvements in health outcomes for their lesbian, gay and bisexual (LGB) patients, as well as strengthen their engagement with, and understanding of LGB people.

To improve patient access the practice was open from 7am until 7.30pm Monday to Friday. These hours of access were particularly helpful to patients who work.

# Summary of findings

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. Staff training

records and discussions with staff demonstrated that all grades of staff were actively encouraged to access regular training to enable them to develop professionally and meet the needs of patients effectively.

**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 was safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Good



### Are services effective?

The practice was effective. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both the National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Data showed that the practice was performing highly when compared to neighbouring practices in the CCG. The practice was using innovative and proactive methods to improve patient outcomes and it linked with other local providers to share best practice.

Good



### Are services caring?

The practice was caring. Data showed 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 care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



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

The practice was responsive. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the NHS England and Bolton Clinical Commissioning Group (CCG) to secure service improvements where these had been identified. Patients told us it was easy to get an appointment on the same day. The practice had good facilities and was well equipped to treat patients and meet

Outstanding



# Summary of findings

their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

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

The practice was well-led. The practice had a clear vision and strategies to deliver this. Staff were clear about the vision and their responsibilities. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and regular governance meeting had taken place. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings.

**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 provided proactive, personalised care to meet the needs of the older people. To improve patient access the practice was open from 7am until 7.30pm Monday to Friday. A recent audit by Bolton Clinical Commissioning Group (CCG) found the Dunstan Partnership to be the second most accessible GP practice in the CCG area. A weekly audit was conducted to identify any new patients over 75 years. All patients over 75 years had a nominated GP and care plans in place. Patients over 75 years who had been hospitalised had a post discharge review. The practice was responsive to the needs of older people, including providing home visits and same day GP appointments.

Good



### People with long term conditions

Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health. To improve patient access the practice was open from 7am until 7.30pm Monday to Friday. A recent audit by Bolton Clinical Commissioning Group (CCG) found the Dunstan Partnership to be the second most accessible GP practice in the CCG area. When needed longer appointments and home visits were available. All patients with long-term conditions had a named GP and structured annual reviews to check their health and medication needs were being met. For those people with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. GPs personally telephoned all patients identified as “at risk of hospital admission” if they had been admitted and then discharged from hospital to conduct an initial post discharge review as soon as possible. New evidence based techniques and technologies were being used to support the delivery of high-quality care especially for patients with long-term conditions. For example the practice had introduced an electronic system to improve clinical outcomes for patients by accessing timely expert interpretation of electro cardiograph (ECG) tests. An integrated spirometry system had also been introduced to improve the accuracy of interpreting the outcome of patient’s lung function tests.

Good



### Families, children and young people

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all

Good



# Summary of findings

standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. To improve patient access the practice was open from 7am until 7.30pm Monday to Friday. A recent audit by Bolton Clinical Commissioning Group (CCG) found the Dunstan Partnership to be the second most accessible GP practice in the CCG area. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. Emergency processes were in place and referrals were made for children and pregnant women whose health deteriorated suddenly.

## **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. To improve patient access the practice was open from 7am until 7.30pm Monday to Friday. These hours of access were particularly helpful to patients who work or attending further education. A recent audit by Bolton Clinical Commissioning Group (CCG) found the Dunstan Partnership to be the second most accessible GP practice in the CCG area.

Good



## **People whose circumstances may make them vulnerable**

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability in partnership with a learning disabilities specialist nurse. To improve patient access the practice was open from 7am until 7.30pm Monday to Friday. A recent audit by Bolton Clinical Commissioning Group (CCG) found the Dunstan Partnership to be the second most accessible GP practice in the CCG area. Longer appointments were offered for people with a learning disability. 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.

Good



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

The practice had carried out annual health checks for people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia.

Good



# Summary of findings

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations such as MIND. To improve patient access the practice was open from 7am until 7.30pm Monday to Friday. A recent audit by Bolton Clinical Commissioning Group (CCG) found the Dunstan Partnership to be the second most accessible GP practice in the CCG area. The practice had a system in place to follow up on patients who did not attend practice appointments or had attended accident and emergency where there may have been mental health needs.



# Summary of findings

## What people who use the service say

We received ten completed CQC comment cards, spoke with eleven patients on the day of inspection and two members of the practice's patient participation group (PPG) prior to our inspection visit. We spoke with people from various age groups and with people who had different health care needs.

Patients we spoke with and who completed our comment cards were complimentary about the care and treatment provided by the doctors and nurses and the support provided by other members of the practice team. They also said that they were treated with respect and their privacy and dignity were maintained. The representatives of the PPG told us they met regularly with the practice team and that their views were valued, respected and acted upon.

We also looked at the results of the 2014 GP patient survey. This is an independent survey run by Ipsos MORI on behalf of NHS England. The survey results included;

What this practice does best;

84% of respondents describe their experience of making an appointment as good. CCG (regional) average: 76%

77% of respondents usually wait 15 minutes or less after their appointment time to be seen. CCG (regional) average: 70%

91% of respondents say the last GP they saw or spoke to was good at treating them with care and concern. CCG (regional) average: 85%

What this practice could improve;

48% of respondents with a preferred GP usually get to see or speak to that GP. CCG (regional) average: 61%

73% of respondents say the last nurse they saw or spoke to was good at giving them enough time. CCG (regional) average: 81%

74% of respondents say the last nurse they saw or spoke to was good at listening to them. CCG (regional) average: 80%

321 surveys were sent out and 125 completed surveys were returned. (A completion rate of 39%).

## Outstanding practice

GPs personally telephoned all patients identified as "at risk of hospital admission" if they had been admitted and then discharged from hospital to conduct an Initial post discharge review as soon as possible. The purpose of this was to initiate speedy appropriate action to prevent the patient being re-admitted to hospital if possible.

The practice had achieved the 'Pride in practice gold award' (in March 2014) to celebrate their dedication to delivering an excellent service to all patients. Pride in Practice is a quality assurance support service provided by The Lesbian & Gay Foundation to GP practices to support improvements in health outcomes for their lesbian, gay and bisexual (LGB) patients, as well as strengthen their engagement with, and understanding of LGB people.

To improve patient access the practice was open from 7am until 7.30pm Monday to Friday. These hours of access were particularly helpful to patients who work.

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. Staff training records and discussions with staff demonstrated that all grades of staff were actively encouraged to access regular training to enable them to develop professionally and meet the needs of patients effectively.

# The Dunstan Partnership

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and two specialist advisors (a GP and a practice manager). Our inspection team also included an Expert by Experience who is a person who uses services and wants to help CQC to find out more about people's experience of the care they receive.

## Background to The Dunstan Partnership

The Dunstan Partnership is situated in the Brightmet area of Bolton. At the time of this inspection we were informed 10,500 patients were registered with the practice which is housed within Brightmet health centre. The Dunstan Partnership population experiences higher levels of income deprivation affecting children and older people than the practice average across England. There is a slightly higher proportion of patients above 65 years of age (16.9%) than the practice average across England (16.5%). There is a higher percentage of patients under 18 years of age (22.4%) than the practice average across England (20.9%). 59.9 percent of The Dunstan Partnership Patients have a longstanding medical condition compared to the practice average across England of 53.5%.

A wide range of medical services are provided at the practice (details of which are provided on the practice website). At the time of our inspection 8 GPs and 4 registrar GPs were providing general medical services to patients registered at the practice. 5 of the GPs are male and 7 are female. The GPs are supported in providing clinical services by 1 nurse practitioner (female), 4 practice nurses (female),

1 health care assistant (female) and 1 health trainer (male). Clinical staff are supported by the 10 staff in the practice team. This team, who are led by the practice manager and her deputy, are responsible for the general administration and organisation of systems within the practice.

The Dunstan Partnership is accredited by the North Western Deanery of Postgraduate Medical Education as a GP Training Practice and is able to accommodate up to six trainees at any given time.

The Dunstan Partnership contracts with NHS England to provide General Medical Services (GMS) to the patients registered with the practice.

The Dunstan Partnership has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider. The practice website provides patients with details of how to access medical advice when the practice is closed. Patients are also provided with these details via a recorded message when they telephone the practice outside the usual opening times.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

# Detailed findings

## How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 4 December 2014 and spent eight hours at the practice. We reviewed all areas that the practice operated, including the administrative areas. We received eight completed CQC comment cards, spoke with eleven patients at the time of our inspection and two members of the practice's patient participation group (PPG) prior to our inspection visit. We spoke with people from various age groups and with people who had different health care needs. We spoke with the partner GP who is the registered manager, three GPs, a GP registrar, a member of the medicines management team and the nurse practitioner at the time of our visit. We also spoke with one of the practice nurses, the practice manager and her deputy and two members of the administration team.

# Are services safe?

## Our findings

### Safe Track Record

There were clear lines of leadership and accountability in respect of how significant incidents (including mistakes) were investigated and managed. Before visiting the practice we reviewed a range of information we hold about the practice and asked other organisations (for example NHS England and Bolton Clinical Commissioning Group (CCG) to share what they knew). No concerns were raised about the safe track record of the practice. Discussion with senior staff at the practice and written records of significant events revealed that they were escalated to the appropriate external authorities such as NHS England or the CCG. A range of information sources were used to identify potential safety issues and incidents. These included complaints, health and safety incidents, findings from clinical audits and feedback from patients and others.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Significant incidents and events were used as an opportunity for learning and improving the safety of patients, staff and other visitors to the practice. Learning was based on a thorough analysis and investigation of things that go wrong. All staff were encouraged to participate in learning and to improve safety as much as possible. Opportunities to learn from external safety events were identified. We spoke with staff from across the practice team. They told us that the culture at the practice was fair and open and that they were actively encouraged to report incidents and mistakes and were supported when they did so. The learning from significant events was discussed at regular staff and clinical meetings. We looked at records relating to how the practice team learnt from incidents and subsequently improved safety standards. The examples we looked at showed how incidents were investigated by defining the issue clearly and identifying what actions needed to be taken to address the risk and minimise or prevent it from happening again.

The practice had a system for managing safety alerts (from external agencies). These were emailed to the GPs, nurse practitioner and practice nurses and action was taken where appropriate to do so.

### Reliable safety systems and processes including safeguarding

Safeguarding policies and procedures for children and vulnerable adults had been implemented at the practice. Two of the GPs took the lead in relation to safeguarding at the practice. Their role included providing support to their practice colleagues for safeguarding matters and liaising with external safeguarding agencies, such as the local social services and CCG safeguarding teams and other health and social care professionals as required. We discussed how safeguarding was managed at the practice and looked at the systems used to ensure patients safeguarding needs were addressed.

The systems alerted the GPs, nurse practitioner and practice nurses when a safeguarding issue or safeguarding plan had been identified and developed for individual patients. We also saw that the practice team were communicating regularly with the safeguarding leads for children and adults at Bolton social services and Bolton CCG when required and provided reports to them when requested to do so. We looked at three recent examples where clinicians had identified potential patient safeguarding issues. All had been reported promptly to the relevant safeguarding authority. Staff training records demonstrated that clinical and non-clinical staff had been provided with regular safeguarding training in respect of vulnerable children and adults. We also saw evidence that GPs had received regularly updated enhanced (level 3) children's safeguarding training.

Patient appointments were conducted in the privacy of individual consultation rooms. Where required a chaperone was provided. Staff were provided with training to ensure that chaperoning was safe and effective. All staff performing chaperone duties had been subject to a Disclosure and Barring Service (DBS) check. Information about having a chaperone present was prominently displayed in the practice waiting areas and on the practice website. All instances of chaperones being provided were recorded in patients electronic medical records. No issues in respect of chaperoning were raised by patients we spoke with or received information from.

### Medicines Management

Systems were in place for the management, secure storage and prescription of medicines within the practice. Management of medicines was the responsibility of the clinical staff at the practice. Prescribing of medicines was

## Are services safe?

monitored closely and prescribing for long term conditions was reviewed regularly. A procedure was operated to enable patients to request and obtain their repeat prescriptions. It was established practice to monitor the amount of medicines prescribed particularly for the frail elderly and others with complex health needs. The clinical staff worked closely with the local medicines optimisation team to maximise the safety of medicines management at the practice. Medicine errors were treated as significant events. We looked at the processes and procedures for storing medicines. This included vaccines that were required to be stored within a particular temperature range. We found appropriate action had been taken to achieve this and a daily check and record was made to ensure the appropriate temperature range was maintained. We saw that a documented system was in place to regularly check the medicines contained in the doctor's bags taken when visiting patients at home. This was to ensure the required medicines were replaced after use and within their expiry date.

### Cleanliness & Infection Control

We looked around the practice during our visit. Systems were in place for ensuring the practice was regularly cleaned. We looked at records that reflected a cleaning schedule and a risk assessment process was in place. We found the practice to be clean at the time of our visit. A system was in place for managing infection prevention and control. One of the practice nurses provided leadership in this area. Staff had been provided with regular infection prevention and control training and this included the use of appropriate hand washing techniques. We saw that appropriate hand washing facilities (including the provision of liquid soap and disposable towels) and pictorial hand washing instructions were available throughout the practice. Checks (audits) had been conducted to ensure actions taken to prevent the spread of potential infections were maintained.

We also saw that practice staff were provided with equipment (for example goggles and disposable gloves and aprons) to protect them from exposure to potential infections whilst examining or providing treatment to patients.

The practice was registered and contracted to carry out surgical procedures. We looked at the treatment room used for carrying out minor surgical procedures such as joint injections. This room was clean, suitably furnished,

appropriately equipped, well lit and provided privacy. Appropriate hand washing facilities were in place and medical instruments used for minor surgical procedures were disposed of after single use. Unused medical instruments and dressings were stored in sealed packs. We looked at these and found all to be within the expiry date stipulated on the packs.

Appropriate arrangements were in place to dispose of used medical equipment and clinical waste safely. Clinical waste and used medical equipment was stored safely and securely in specially designated bags and containers before being removed by a specialist company for safe disposal. We saw records that detailed when such waste was removed.

### Equipment

A record of maintenance of clinical, emergency and other equipment was in place and recorded when any items were calibrated, repaired or replaced. We saw that all of the equipment had been tested and contracts were in place for personal appliance tests (PAT) to be completed on an annual basis and for the routine servicing and calibration of equipment.

### Staffing & Recruitment

The practice was staffed to enable the general medical service needs of patients to be met. A system was in place to plan surgery times and ensuring a GP was available for all the sessions. Records we looked at indicated that the practice used the services of locums who were familiar to the practice and therefore known to the partner GPs wherever possible.

We looked at staff recruitment practices and records. A formal recruitment process was in place. This included obtaining information to demonstrate appropriate checks had been made to ensure new staff were appropriately qualified, had medical indemnity cover and were currently registered with a professional body, for example The General Medical Council (GMC). Also a Disclosure and Barring Service (DBS) check had been conducted to assess the person's suitability to work with potentially vulnerable people. We saw that this latter check was in place for all staff working at the practice

### Monitoring Safety & Responding to Risk

Procedures were in place for dealing with medical emergencies. Resuscitation medicines and equipment, including a defibrillator and oxygen, was readily accessible

## Are services safe?

to staff. Records and discussion with staff demonstrated that all clinical practice staff received annual basic life support training. Non-clinical staff received such training every three years. We also looked at records that showed that resuscitation medicines and equipment were checked on a regular basis to see they were in date or functioned correctly.

### **Arrangements to deal with emergencies and major incidents**

A written contingency plan was in place to manage any event that resulted in the practice being unable to safely provide the usual services. This demonstrated there was a proactive approach to anticipating potential safety risks, including disruption to staffing or facilities at the practice. The plan had been developed in conjunction with Bolton CCG.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice was structured, organised and operated systems to ensure best practice was followed. Clinical practice was evidence based and underpinned by nationally recognised quality standards and guidance. These included the quality standards issued by the National Institute for Health and Care Excellence (NICE), local guidelines, guidance published by professional and expert bodies, and within national health strategies which were used to inform best practice. We saw that such standards and guidelines were easily accessed electronically by all clinicians at the practice.

Discussion with the GP's, the nurse practitioner, one of the practice nurses and looking at how information was recorded and reviewed, demonstrated how patients were effectively assessed, diagnosed, treated and supported. GPs and other clinical staff were conducting consultations, examinations, treatments and reviews in individual consulting rooms to preserve patients' privacy and dignity and to maintain confidentiality.

### Management, monitoring and improving outcomes for people

Information about the outcomes of patients care and treatment was collected and recorded electronically in individual patient records. This included information about their assessment, diagnosis, treatment and referral to other services.

The practice had a system in place for completing clinical audit cycles. These are quality improvement processes that seek to improve patient care and outcomes through the systematic review of patient care and the implementation of change. We saw examples of these at the practice including audits relating to minor surgery, hospital admissions in patients over 75 years of age and medication interventions at a local care home. We saw that where audits identified actions these were clearly described. Two of the clinical audits had been completed (the third was still in progress).

We saw records that evidenced peer review and support was provided and regular staff clinical and practice meetings being held to make improvements in respect of clinical care. The GPs, nurse practitioner, practice nurses and administration staff had developed areas of

expertise and provided advice and support to colleagues in respect of their individual area. Discussion with clinical staff demonstrated a holistic approach to assessing, planning and delivering care and treatment to patients was viewed to be important. New techniques and technologies were being used to support the delivery of care. For example the practice had introduced an electronic system to improve clinical outcomes for patients by accessing timely expert interpretation of electro cardio graph (ECG) tests. An integrated spirometry system had also been introduced to improve the accuracy of interpreting the outcome of patient's lung function tests.

GPs personally telephoned all patients identified as "at risk of hospital admission" if they had been admitted and then discharged from hospital to conduct an Initial post discharge review as soon as possible. The purpose of this was to initiate speedy appropriate action to prevent the patient being re-admitted to hospital if possible.

Feedback from patients we spoke with, or who provided written comments, were very complimentary and positive about the quality of the care and treatment provided by the staff team at the practice.

### Effective staffing

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. Staff training records and discussions with staff demonstrated that all grades of staff were actively encouraged to access regular training to enable them to develop professionally and meet the needs of patients effectively. New staff were provided with a programme of induction that included training relevant to their role. We saw that appraisals took place regularly and included a process for documenting, action planning and reviewing appraisals.

GP's were supported to obtain the evidence and information required for their professional revalidation. This is where doctors demonstrate to their regulatory body, the GMC, that they are up to date and fit to practice. The practice was also accredited as a GP training practice by the North Western Deanery of Postgraduate Medical Education, providing experience for up to six GP registrars. A GP registrar is a qualified doctor undertaking post graduate general practice training.

# Are services effective?

(for example, treatment is effective)

## Working with colleagues and other services

We saw that appropriate processes were in place that ensured patients were able to access treatment and care from other health and social care providers where necessary. This included where patients had complex needs or suffered from a long term condition. There were clear procedures in place to make such referrals in a timely way and this ensured patients received effective co-ordinated and integrated care. We saw that referrals were assessed as being urgent or routine. Patients we spoke with, or received written comments from said that where they needed to be referred to other health service providers this was discussed fully with them and they were provided with enough information to make an informed choice.

Discussion with staff, records of checks (audits) and records of clinical and staff meetings demonstrated the practice team worked collaboratively to ensure patients who had complex needs were supported to receive coordinated care. We saw that clinicians at the practice followed a multidisciplinary approach in the care and treatment of their patients. This approach included regular meetings with professionals such as health visitors to discuss child health and safeguarding issues and McMillan nurses and district nurses to plan and co-ordinate the care of patients coming to the end of their life. There was also a co-ordinated approach to communicating and liaising with the provider of the GP out of hours service. The practice provided detailed clinical information (electronically) to the out of hours service about patients with complex healthcare needs. Also all patient contacts with the out of hours provider were reviewed by a GP the next working day.

A system was in place for hospital discharge letters and specimen results to be reviewed by a GP who would initiate the appropriate action in response.

## Information Sharing

All the information needed to plan and deliver care and treatment was stored securely (electronically) but was accessible to the relevant staff. This included care and risk assessments, care plans, case notes and test results. The system enabled staff to access up to date information quickly and enabled them to communicate this information when making an urgent referral to relevant services outside the practice. We saw examples with this when looking at how information was shared with local authority and CCG safeguarding teams.

## Consent to care and treatment

Patients we spoke with told us that they were communicated with appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment.

Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded. Where people lacked the mental capacity to make a decision, 'best interests' decisions were made in accordance with legislation. Clinical staff we spoke with clearly understood the importance of obtaining consent from patients and of supporting those who did not have the mental capacity to make a decision in relation to their care and treatment. Clinicians at the practice provided us with three examples where patients who lacked mental capacity in relation to their care and treatment had been appropriately supported by the practice team. This included involving the patient, their family (when appropriate to do so) and relevant health and social care professionals to determine the best interests of the patient. Staff were provided with regularly updated training in relation to the Mental Capacity Act (2005).

## Health Promotion & Prevention

New patients, including children, were offered appointments to establish their medical history and current health status. This enabled the practice to identify who required extra support such as patients at risk of developing, or who already had, an existing long term condition such as diabetes, high blood pressure or asthma.

A wide range of health promotion information was available and accessible to patients particularly in the reception and waiting areas and on the practice website. This was supplemented by advice and support from the clinical team at the practice at each consultation. Health promotion services provided by the practice included smoking cessation services and a weight management. The practice had arrangements in place to provide and monitor an immunisation and vaccination service to patients. For example we saw that childhood immunisation, influenza, travel and other relevant vaccinations were provided.



## Are services effective? (for example, treatment is effective)

A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions are identified. This included sending appointments for patients to attend reviews on a regular basis. When patients did not attend this was followed up to determine the reason and provide an alternative appointment.

Patients were provided with fitness to work advice to aid their recovery and help them return to work.

# Are services caring?

## Our findings

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

We received ten completed CQC comment cards, spoke with eleven patients on the day of inspection and two members of the practice's patient participation group (PPG) prior to our inspection visit. We spoke with people from various age groups and with people who had different health care needs.

Patients we spoke with and who completed our comment cards were complimentary about the way they were treated by the doctors and nurses and other members of the practice team. They told us they were treated with respect and their privacy and dignity were maintained.

Patients informed us that their privacy and dignity was always respected and maintained particularly during physical or intimate examinations. All patient appointments were conducted in the privacy of individual consultation room. Examination couches were provided with privacy curtains for use during physical and intimate examinations and a chaperone service was provided.

Staff we spoke with told us that if they witnessed any discriminatory behaviour or where a patients privacy and dignity was not respected they would be confident to raise the issue with the practice manager. We saw no barriers to patients accessing care and treatment at the practice.

We looked at the results of the 2014 GP patient survey. This is an independent survey run by Ipsos MORI on behalf of NHS England. The survey results reflected that 79% of respondents said the last GP they saw or spoke to at the practice was good at treating them with care and concern. 78% of respondents said the last nurse they saw or spoke to was good at listening to them.

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

The 2014 GP patient survey reported that 77% of respondents said the last GP they saw or spoke to at the

practice was good at involving them in decisions about their care. 66% of respondents said the last nurse they saw or spoke to at the practice was good at involving them in decisions about their care.

Comments we received from patients reflected that practice staff listened to them and concerns about their health were taken seriously and acted upon.

A wide range of information about various medical conditions was accessible to patients from the practice clinicians and prominently displayed in the waiting areas.

Where patients and those close to them needed additional support to help them understand or be involved in their care and treatment the practice had taken action to address this. For example language interpreters were readily accessed and extended appointment times were provided to ensure this was effective.

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

There was a person centred culture where the practice team worked in partnership with patients and their families. This included consideration of the emotional and social impact a patients care and treatment may have on them and those close to them. Whilst the practice had found identifying carers to be one of the practice's challenges they had taken proactive action to identify, involve and support patients carers. This included providing information at the practice (and on their website) to encourage carers to identify themselves and engage with the practice to access support.

A wide range of information about how to access support groups and self help organisations was available and accessible to patients from the practice clinicians, in the reception area and on the practice website.

A counselling support service was also available to provide emotional support to patients following referral by the GP.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice team had planned and implemented a service that was responsive to the needs of the local patient population. The practice actively engaged with commissioners of services, local authorities, other providers, patients and those close to them to support the provision of coordinated and integrated pathways of care that meet patient's needs. We saw that the practice carried out regular checks on how it was responding to patients' medical needs. This activity analysis was shared with Bolton CCG and formed a part of the quality framework monitoring. It also assisted the clinicians to check that all relevant patients had been called in for a review of their health conditions and for completion of medication reviews.

Systems were in place to identify when people's needs were not being met and informed how services at the practice were developed and planned. A variety of information was used to achieve this. For example profiles of the local prevalence of particular diseases, the level of social deprivation and the age distribution of the population provided key information in planning services. Significant events analysis, individual complaints, survey results and clinical audits were also used to identify when patients needs were not being met. This information was then used to inform how services were planned and developed at the practice.

Patients were able to access appointments with a named doctor where possible. Where this was not possible continuity of care was ensured by effective verbal and electronic communication between the clinical team members. Longer appointments could be made for patients such as those with long term conditions or who were carers. Home visits were provided to patients whose illness or disability meant they could not attend an appointment at the practice.

The GPs, nurse practitioner and practice nurses had developed areas of special interest and expertise and took 'the lead' in particular clinical areas. These clinical areas included considering the particular needs of patients who were vulnerable such as people with long term health conditions, dementia, learning disabilities and older people. Clear and well organised systems were in place to ensure these vulnerable patient groups were able to access

medical screening services such as annual health checks, monitoring long term illnesses, smoking cessation, weight management, immunisation programmes, or cervical screening.

The Dunstan Partnership is housed within Breightmet health centre. The facilities and premises are appropriate for the services being delivered. The building was easily accessible to patients (including those with a disability).

### Tackling inequity and promoting equality

Action had been taken to remove barriers to accessing the services of the practice by the practice being opened from 7am to 730 pm Monday to Friday. The practice team had taken into account the differing needs of people by planning and providing care and treatment services that were individualised and responsive to individual needs and circumstances. This included having systems in place to ensure patients with complex needs were enabled to access appropriate care and treatment such as patients with a learning disability or dementia. People in vulnerable circumstances were able to access care and treatment with the practice, including those with "no fixed abode."

The practice had achieved the 'Pride in practice gold award' (in March 2014) to celebrate their dedication to delivering an excellent service to all patients. Pride in Practice is a quality assurance support service provided by The Lesbian & Gay Foundation to GP practices to support improvements in health outcomes for their lesbian, gay and bisexual (LGB) patients, as well as strengthen their engagement with, and understanding of LGB people.

### Access to the service

We received ten completed CQC comment cards, spoke with eleven patients on the day of inspection and two members of the practice's patient participation group (PPG) prior to our inspection visit. We spoke with people from various age groups and with people who had different health care needs. People could access the right care at the right time. A recent audit by Bolton CCG found the Dunstan Partnership to be the second most accessible GP practice in the CCG area. Access to appointments and services was managed to take account of people's needs, including those with urgent needs. The appointments system was easy to use and supported patients to make appointments. Waiting times, delays and cancellations were minimal and managed appropriately. People were kept informed of any disruption to their care or treatment. Patients commented positively in respect of being able to access the service. We



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

also looked at the results of the 2014 GP survey. 83% of the respondents found it easy to get through to the practice by phone. 90% were able to get an appointment to see or speak to someone the last time they tried and 93% said the last GP they saw or spoke to was good at giving them enough time. Also 98% said the last appointment they got was convenient and 84% described their experience of making an appointment as good.

The opening hours and surgery times at the practice were prominently displayed in the reception area, the patient practice information booklet and on the practice website. To improve patient access the practice was open from 7am until 7.30pm Monday to Friday. These hours of access were particularly helpful to patients who work. Routine appointments and same day appointments were provided. Routine appointments can be booked up to 8 weeks ahead. GP consultations were provided in 10 minute appointments. Where patients required longer appointments these could be booked by prior arrangement. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients at the practice and on the practice website.

## Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system in the form of a summary leaflet. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.

We looked at three complaints received in the previous twelve months. In line with good practice all complaints or concerns were recorded and investigated. The complaints record detailed the nature of the complaint, the outcome of the investigation and how this was communicated to the person making the complaint. Discussion with staff and minutes of staff meetings demonstrated that learning from complaints was discussed at regular staff and clinical meetings to identify how improvements to the service could be made.

# 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

There was a well-established leadership structure with clear allocation of responsibilities amongst the clinical and administrative members of the practice team. A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example the practice actively engaged with Bolton Clinical Commissioning Group (CCG) on a regular basis to discuss current performance issues and participating in pilots to assess ways of how to improve meeting the needs of people at the practice and within the CCG area.

The practice management team described to us a clear value system which provided the foundations for ensuring the delivery of a high quality service to patients. The culture at the practice was one that was open and fair. Discussion with members of the practice team, the patient participation group and patients generally demonstrated this perception of the practice was an accurate one.

### Governance Arrangements

There were clearly defined lines of responsibility and accountability for the clinical and non-clinical staff. The practice held regular clinical and practice meetings for staff. We looked at minutes from recent meetings and found that performance, quality and risks had been discussed. The contents of the minutes and our discussion with GPs and other members of the practice team demonstrated that the fair and open culture at the practice enabled staff to challenge existing arrangements and improve the service being offered. These arrangements supported the governance and quality assurance measures taken at the practice and enabled staff to review and improve the quality of the services provided.

The practice had the processes and information to manage current and future performance. These systems enabled information gathered to be used for reporting, performance management and ensuring the quality of care and treatment was relevant, monitored and reviewed.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this

practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at practice meetings and action plans were produced to maintain or improve outcomes.

The practice had a system in place for completing clinical audit cycles. These are quality improvement processes that seek to improve patient care and outcomes through the systematic review of patient care and the implementation of change. We saw examples of these at the practice including audits relating to minor surgery, hospital admissions in patients over 75 years of age and medication interventions at a local care home. We saw that where audits identified actions these were clearly described. Two of the clinical audits had been completed (the third was still in progress).

### Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example one of the practice nurses led on infection prevention and two of the GPs led on safeguarding. There were high levels of staff satisfaction. Staff were proud of the practice as a place to work and spoke highly of the quality of the leadership, culture and support provided. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns. We spoke with twelve members of staff and they were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns. Discussion with staff and records we saw demonstrated clinical and staff meetings were held regularly. Staff told us that they had the opportunity and were comfortable to raise issues at staff meetings, at individual appraisal meetings or any other time if necessary. The practice team regularly held team development (and social) events. It was clear to us these were valued by all the staff we spoke with.

Measures were in place to maintain staff safety and wellbeing. For example induction and on going training included safety topics such as the prevention of the spread of potential infections and other health and safety issues. An emergency alarm system could be activated by staff in each room to summons assistance. A clear procedure for chaperoning patients was also in place to protect staff as well as patients.

# Are services well-led?

Good 

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

## **Practice seeks and acts on feedback from users, public and staff**

The practice had gathered feedback from patients through patient surveys, comment cards and complaints received. We looked at the results of the 2014 GP patient survey and the survey conducted by the practice in January 2014. Both surveys reflected high levels of satisfaction with the care, treatment and services provided at the practice. However where issues were identified action had been taken to address them.

The practice had a very active patient participation group (PPG). We spoke with two members of the PPG prior to our visit to the practice. They told us that when issues were identified the PPG was actively consulted to develop plans to address them. They felt their views and contributions were respected and valued. Patients were being encouraged to actively comment on the services available. A patient suggestion/comments box was provided in the reception area.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## **Management lead through learning & improvement**

Staff were encouraged to regularly take time out to review performance and make improvements. Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at four staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of them accessing training relevant to their role and personal development.

GPs were supported to obtain the evidence and information required for their professional revalidation. This is where doctors demonstrate to their regulatory body, The General Medical Council, that they are up to date and fit to practice. The practice was also an accredited as a GP Training Practice by the North Western Deanery of Postgraduate Medical Education, providing experience for up to six GP registrars. A GP registrar is a qualified doctors undertaking post graduate general practice training.