

SSP Health Ltd – Ashton Medical Centre

Quality Report

120 Wigan Road
Ashton-in-Makerfield
Wigan
WN4 9SU

Tel: 01942 727325

Website: www.ssphealth.com/our-practices/ashton-medical-centre

Date of inspection visit: 1 December 2015

Date of publication: 14/01/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to SSP Health Ltd – Ashton Medical Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ashton Medical centre on 1 December 2015. Overall the practice is rated as good.

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

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

The area where the provider should make improvement to:

- Regularly maintain and clean carpets on the ground floor.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events, which included annual compliments and complaints review.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

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 for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

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 to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day. This was seen on the day and confirmed by patients we spoke to.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered a virtual ward round for all their patients in a residential/ nursing home
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Nursing staff had lead roles in chronic disease management. The practice had registers in place for several long term conditions including diabetes and asthma.
- There was a named GP for the over 75s with longer appointments when required

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.
- The practice offered appointments of up to 60 minutes duration for patients with long term conditions
- Patients had a six monthly or annual review with either the GP and/or the nurse to check that their health and medication.
- Longer appointments and home visits were available when needed.
- The practice had registers in place for several long term conditions including diabetes and asthma.
- Patients were allocated specific practice nurses for the patient's management of the condition.
- All these patients had a named GP and a structured annual review to check that their health and medicines 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.

Good



Families, children and young people

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

Good



Summary of findings

- 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 standard childhood immunisations.
- The practice has an early year fact sheet for all new parents in the practice and a childhood initiative scheme to support new parents in areas of emergency first aid. The scheme aims to reduce the need to access emergency services by new parents and guardians.
- The practice regularly liaised with health visitors who attended on a weekly basis. Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates were high for all standard childhood immunisations.
- We saw good examples of joint working with midwives, health visitors and school nurses to support families.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.

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 practice offered extended access to appointment for example on Wednesday evenings till 8pm, and Friday mornings the practice first appointment being at 7am.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and had a safeguarding lead and deputy.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and also the carers of these patients.
- The practice nurse worked close to educate and improve access to the most vulnerable patients.
- The practice worked with multi-disciplinary teams in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Practice had disabled access and car parking

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 regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We spoke with 11 patients on the day of the inspection and reviewed 26 completed Care Quality Commission comments cards. Feedback from patients was positive about the staff and the service.

Patients told us that staff treated them with dignity and respect and were very approachable, caring and understanding. Patients also told us that they could have a same day appointment.

The national GP patient survey results published showed the practice was performing in line with local and national averages. 370 surveys were sent out and 121 were completed. This was a 33% completion rate and represented approximately 2% of the practice population :

Performances for clinically related indicators were mostly better than the national average. For example

- 90% of patients found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 94% found the receptionists at this surgery helpful compared to a CCG average of 89% and a national average of 87%.

- 86% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 98% said the last appointment they got was convenient compared to a CCG average of 95% and a national average of 92%.
- 85% described their experience of making an appointment as good compared to a CCG average of 77% and a national average of 73%.
- 68% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 66% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received.

We spoke with 11 patients during the inspection. All 11 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Regularly maintain and clean carpets on the ground floor.

SSP Health Ltd – Ashton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to SSP Health Ltd – Ashton Medical Centre

Ashton Medical Centre has about 7,479 patients registered including the branch surgery. It is part of and managed by the SSP Health group of practices and is overseen Wigan Borough Clinical Commissioning Group (CCG). At the time of our inspection and the majority of patients were of white British background.

The practice is a two storey building with all clinical treatment taking place on the ground level which is fully accessible to those with mobility difficulties. There is car parking available with disabled parking spaces.

There are four GPs (three male and one female), supported by one nurse practitioner (NP), two nurses and assistant practitioner who provide clinical care to the patient population. There is also a practice manager, reception manager and a supporting administration and reception team. There is regular support for the practice from senior leadership team, including clinicians and managers, at SSP Health.

The practice is open 8am to 6.30 pm every weekday; with extended opening on Wednesdays till 8pm and Fridays opening at 7 am. Patients requiring a GP outside of normal working hours are advised to call NHS 111 to access out-of-hours service.

The practice has a Primary Medical Services (PMS) contract and also offers enhanced services for example: rotavirus and shingles immunisation /care plans, supporting patients with dementia.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed :

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.

Detailed findings

- Carried out an announced inspection visit on 1 December 2015.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents by email and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events, the practice takes part in an annual review where trends categorise and identify changes to reduce further events.
- People affected by significant events received a timely and sincere apology and were told about actions taken to improve care.
- All complaints received by the practice were entered onto the system and automatically treated as a significant event.
- The practice carried out an analysis of the significant events, we saw evidence of both negative and positive information recorded.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice, we saw evidence of these being discussed at team meetings, if a member of staff was unable to attend they could review the minutes on the staff notice board or minutes cascaded to the team via email.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to

all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had appointed a dedicated GP as the lead in safeguarding, with the practice nurse as deputy lead for all vulnerable adults and children. This GP had been trained to level 3 safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- The assistant practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence of the last audit taking place in 2014. We also saw evidence of the practice that action was taken to address any improvements identified as a result; we saw evidence of future working with the local CCG infection control nurse for the practice for December 2015.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed areas that were in need of more frequent cleaning, for example the carpets on the ground floor were dirty and stained. We also observed a chair on the ground floor which was damaged; the practice took immediate action and removed the chair from the practice. We saw evidence of a cleaner attending five days a week, with a cleaning rota and daily log.
- A notice in the waiting room and on each door into a clinical room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks

Are services safe?

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were securely stored and there were systems in place to monitor their use. We saw evidence of a clear process for all uncollected prescriptions which ensured these were clearly documented and actioned.
- SSP head office was responsible for appropriate recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office.
- The practice had up to date fire risk assessments and carried out regular fire drills, we saw evidence of a recent fire evacuation.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an internal alarm system and an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and spillage kit available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, all staff we spoke with knew where and how to access the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems and alerts in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 2014-15 where the practice achieved 100 % of the total number of points available, with 1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 93% above the CCG average of 92% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 83 % which compared as below with local CCG of 86% and below national average of 84%.
- The dementia diagnosis rate indicator was 100% which compared as above CCG of 97% and national average of 95%.
- Performance for mental health related indicators was 100% above the CCG average of 94% and above national average of 93%.

Clinical audits demonstrated quality improvement.

- Multiple clinical audits had been completed, we sampled two clinical audits completed in the last two years, and these were completed audits where the improvements made were implemented and monitored.
- The practice participated in multiple audits from local audits, national benchmarking, accreditation, peer review and research.
- Alert findings were used by the practice to improve services. For example, we saw actions taken from a drug alert received about antibiotics. The practice preformed an audit on all there broad spectrum antibiotic prescriptions issued and reviewed the figures.
- The practice clinician had recently set up a practice locality meeting with neighbouring SSP practices, where various items such as clinical audits are discussed in full.

Information about patients' outcomes was used to make improvements such as the clinical IT system having an alert set up for all GP to ensure safe prescribing of high risk medicines following from advice given from an alert.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw evidence that Locum GPs used by the practice had received a thorough induction into the practice clinical and non-clinical routine ways of working. We spoke with a locum who confirmed they had received a comprehensive induction pack and policy which included contact numbers and consultation audits to ensure that locums work safely.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. We also saw evidence of further enhanced training for all staff on :
 - PREVENT training is for front line staff, managers and clinicians, to help make them aware about their contribution in preventing vulnerable people being exploited for terrorist purposes .
 - BRASS (Befriending Refugees and Asylum Seekers) training to help frontline staff support patients' needs.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation Patients were then signposted to the relevant service.
- The practice supports new parents with an early year's fact sheet; this included a range of useful information such as importance of childhood immunisation ,cytology screening and encouraging breast feeding.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 100%, which was better than the national average of 97%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given in 2013/14 were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two years olds ranged from 91% to 100% and five year olds from 95.3% to 98.8%. Flu vaccination rates for the over 65s in 2013/14 were 74%, and at risk groups 60%. These were also above to CCG and national averages.

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks. These included health checks for new

patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 90%.
- 94% said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 53 % usually get to see or speak to their preferred GP compared to the CCG average of and national average of
- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions CCG average of 83% and national average of 81%.
- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas and in the consultant rooms informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation with a direct named contact in the practice

Are services caring?

to support and meet the family's needs and/or by giving them advice on how to find a support service. One staff told us how they had recently attended the funeral of a patient to represent the practice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.1 % of the practice list as carers. Each carer had a direct name contact in the practice who was the practice's carers champion. The role was to support carers, provide written information available direct to carers, and signpost to the various support available in the local community.

Notices in the patient waiting room told patients how to access a number of support groups and organisations for example the carers board.

The practice engaged with the local community to support local families at Christmas this involved the local pharmacy and health visitor team, who donated new Christmas toys to local families.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged to secure improvements to services where these were identified.

- The practice had devised a text to cancel system providing patients with an option to text the practice to cancel appointments, this system received a national award in 2009 from Royal College of General Practitioners (RCGP). The practice offered annual review appointment for patients with multiple conditions of 45-60 minutes per patient,
- The practice identified a high number of children attending accident and emergencies. To help reduce this number the practice has implemented a childhood initiative scheme for parents, guardian and grandparents. This scheme was devised 12 months ago and implemented in April 2015, we saw evidence from patients who had attended the scheme to be very positive.
- The practice identified a high number of children attending accident and emergencies. To help reduce this number the practice has implemented a childhood initiative scheme for parents, guardian and grandparents. This scheme is in its infancy starting in April 2015.
- The practice has a high number of patients in residential care, to help support these patients a weekly virtual practice round has been set up. This involves weekly direct contact, advice, support and signposting to services. These are then inputted into the clinical IT system, this is a new scheme which started in November 2015.
- The practice had a policy in place for same day appointments availability for children and those with serious medical conditions.
- There were longer appointments available for patients with a learning disability and long term conditions.
- Home visits were available for older patients / patients who would benefit from these.
- There were disabled facilities and translation services available; however there was no hearing loop on site.
- There was parking for patients and disabled parking spaces also available.

Access to the service

The practice is open 8am to 6.30pm Monday, Tuesday and Thursday. Extended hours surgeries were offered at the following on Wednesday 8am to 8pm and Friday opened 7am to 6.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 73%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 68% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Listening and learning from concerns and complaints

The practice had an effective 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 person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice leaflet

We looked at complaints received in the last 12 months and found there also were compliments recorded in the process. The complaints where a response was required these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. Lessons were learnt from concerns and

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

complaints and action was taken to as a result to improve the quality of care. For example, we reviewed the annual compliments and complaint log where there is a clear action log documented.

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 statement of purpose which was to provide people registered with the practice. The practice had a strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The leadership from SSP Health and the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe and compassionate care. The GPs and practice manager were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The leadership team encouraged a culture of openness and honesty. Senior management from SSP Health were also regularly at the practice to offer their clinical and managerial support.

Staff told us that regular team meetings were held. We reviewed minutes of these meetings. Staff told us that there

was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the GPs and practice manager in the practice. The leadership team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service
- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and discussed proposals for improvements with the practice management team.
- These included discussions on the appointment system, charitable events and the practice building.
- The PPG also had the opportunity to attend the larger CCG regional event, which they found very useful
- The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice and paper version was available in reception.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looking for ways to improve outcomes for their patients in the area for example:

- The practice identified a high number of children attending accident and emergencies. To help reduce this number the practice has implemented a childhood initiative scheme for parents, guardians and grandparents. Working with the advanced practitioner and a paediatric first aid consultant, a range of workshops such as child first aid training and minor

Are services well-led?

Good 

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

childhood illness sessions are available to patients and their families. This scheme started in April 2015, the attendance and feedback has been positive from patients.

- The practice has also has been working with a local charity for befriending refugees and asylum seekers (BRASS), where all staff have received training to raise awareness.

- The practice has also taken part in a workshop designed for front line staff, managers and clinicians, to help make them aware about their contribution in preventing vulnerable people being exploited for terrorist purposes called PREVENT.