

Salford Health Matters Little Hulton

Quality Report

Little Hulton Health Centre
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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?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Salford Health Matters Little Hulton on 08 December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- 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
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We saw several areas of outstanding practice including:

- The practice had a vascular long term conditions management process system. This allows the practice to provide a holistic review for patients with multiple vascular conditions.
- The practice had a children's service which was known as The Salford Children's Community Partnership. This was a service that allowed parents to take sick children that presented with acute symptoms to the practice for treatment and advice.

Summary of findings

The service had facilities to admit children and monitor them for a period of time and this service was open to five other GP surgeries across the Little Hulton area.

- The practice worked closely with City West Housing Trust and assisted in identifying houses that may pose as health risks to tenants due to damp issues.
- There was a strong focus on staff professional development. All staff received 360 degree feedback regardless of what level they were within the organisation, and all staff had received dementia awareness training.
- The practice was in the process of setting up a 'virtual ward' for improving the care of older patients.

Patients would be contacted by telephone each day. The virtual ward was able to offer a chronic long term condition management plan, as well as a physiotherapy management plan. Home visits could also be arranged depending on the health needs of the patient.

- The practice is a participator in the 'Safe haven' scheme which is for patients that have been previously removed from primary care due to an incident of violence. The scheme is designed to help rehabilitate patients back into primary care.

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.

Good



- There was an effective system in place for reporting and recording significant events
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- When there are unintended or unexpected safety incidents, people 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.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both 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. This was demonstrated in the practice being able to provide a holistic approach to patients with vascular conditions using the vascular conditions management system.
- Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group. Quality Outcome Framework indicators for diabetes, mental health and dementia were all above the CCG average.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice slightly below the national average 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We observed a strong patient-centred culture.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- There are innovative approaches to providing integrated person-centred care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- People can access appointments and services in a way and at a time that suits them.
- 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 the practice responded quickly when issues were 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 with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.

Good



Summary of findings

- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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. All staff received 360 degree feedback, regardless of their position within the organisation.

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.

Good



- The practice was in the process of setting up a 'virtual ward' for improving the care of older patients. Patients would be contacted by telephone each day. The virtual ward was able to offer a chronic long term condition management plan, as well as a physiotherapy management plan. Home visits could also be arranged depending on the health needs of the patient.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Outstanding



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a 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.
- The practice had a vascular long term conditions management process system. This allows the practice to providing a holistic vascular review for patients with multiple vascular conditions.

Families, children and young people

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

Outstanding



- 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.

Summary of findings

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had an administration lead for safeguarding who was responsible for ensuring the practice had an up to date list of all 'to watch' children, and children on protection plans.
- We saw good examples of joint working with midwives, health visitors and school nurses. The practice had a children's ward which was known as The Salford Children's Community Partnership. This was a service that allowed parents to take sick children that presented with acute symptoms to the practice for treatment and advice. The service had facilities to admit children and monitor them for a period of time and this service was open to five other GP surgeries across the Little Hulton area. This had led to a 40% reduction in acute paediatric admissions into A&E from patients at the Little Hulton practice.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments 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



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 82% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients 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.
- All staff had undergone dementia awareness training and had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 8th July 2015 apply to the Salford Health Matters organisation as a whole. The results showed the practice was mostly in line with local and national averages. 467 survey forms were distributed and 101 were returned.

- 82% of patients found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 82% of patients found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 89% of patients said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 63% of patients described their experience of making an appointment as good (CCG average 72%, national average 73%).

- 65% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards, 21 of which were positive about the standard of care received. One comment card expressed concerns with the amount of time given during appointments, and said they felt rushed during a consultation. Patients' described the practice staff as friendly and professional, and that they treat patients with dignity.

We spoke with 14 patients during the inspection. The majority of patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. However, some patients' expressed concerns over not being able to see the same GP on each visit.

Outstanding practice

- The practice had a vascular long term conditions management process system. This allows the practice to provide a holistic review for patients with multiple vascular conditions.
- The practice had a children's ward which was known as The Salford Children's Community Partnership. This was a service that allowed parents to take sick children that presented with acute symptoms to the ward for treatment and advice. The service had facilities to admit children and monitor them for a period of time and this service was open to five other GP surgeries across the Little Hulton area.
- The practice worked closely with City West Housing Trust and assisted in identifying houses that may pose as health risks to tenants due to damp issues.
- There was a strong focus on staff professional development. All staff received 360 degree feedback regardless of what level they were within the organisation, and all staff had received dementia awareness training.
- The practice had a 'virtual ward' for improving the care of older patients. Patients would be contacted by telephone each day. The virtual ward was able to offer a chronic long term condition management plan, as well as a physiotherapy management plan. Bedside visits could also be arranged depending on the health needs of the patient.

Salford Health Matters Little Hulton

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 Salford Health Matters Little Hulton

Salford Health Matters Little Hulton is a practice with approximately 6300 registered patients. The practice is part of the Salford Health Matters Community Interest Company that is run by a board of directors. Salford Health Matters Community Interest Company is a not for profit organisation that also runs two other GP practices, a children's service, and a homeless service. The patient population includes a large number of infants, and a large number of working age people. The practice staff comprises of four GPs, one advanced clinical practitioner two advanced nurse practitioners, two practice nurses, four Advanced Paediatric Nurse Practitioner as well as a team of administration staff, the practice also employs two pharmacists. The practice has a Personal Medical Services contract and provides the following registered activities: Surgical procedures, Diagnostic and screening procedures, Treatment of disease, disorder or injury, Maternity and midwifery services and Family planning.

GP appointment times during the week of our inspection were available as follows:

Mondays 8am - 6.30pm

Tuesdays 8am - 6.30pm

Wednesdays 8am - 8pm

Thursdays 8am - 6.30pm

Fridays 8am - 6.30pm

Saturdays 9am - 12pm (3rd Saturday each month)

Outside of opening hours, patients will be sign posted to the out of hour's services.

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. The 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.

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 carried out an announced visit on 8th December 2015. During our visit we:

Detailed findings

- Spoke with a range of staff including clinical and non-clinical staff, and spoke with patients who used the service as well as members of the patient participation group.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

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 senior team leader of any incidents 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.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there was an occasion when an incorrect vaccine was administered to an infant. The practice took the correct action by ensuring there would be no risk to the infant and that the parents were informed immediately. As an outcome of this, the arrangement of the vaccines in all of the fridges was changed to make it less likely that this would happen again. The incident was communicated throughout all other practices.

When there are unintended or unexpected safety incidents, people 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.

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 children and vulnerable adults 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting 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 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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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 that action was taken to address any improvements identified as a result.
- 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found that appropriate recruitment checks had been 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. All

Are services safe?

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 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 accident book 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.



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 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 peoples' 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 which apply to the Salford Health Matters organisation as a whole were 97% of the total number of points available, with 9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- The percentage of patients with hypertension having regular blood pressure tests was 86% which was above the CCG average (84%).
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% which was above the CCG average (88%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% which was above the CCG average (84%).

Clinical audits demonstrated quality improvement.

- We had saw evidence of clinical audits being performed; some of these were completed audits where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, recent action taken as a result of review of cervical cytology uptake included a detailed analysis of hard to reach groups and an improved approach to contacting women who needed smears and who may otherwise have been lost to screening.

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.
- 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 on-going support 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.

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 people to other services.



Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people 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, and those at risk of developing a long-term condition.
- The practice was in partnership with 'Being Well Salford' and was able to offer life coach services to patients who wanted to improve their health and lifestyle choices. This could include help with weight loss, reducing alcohol intake, and smoking cessation.
- The practice had strong links with City West Housing Trust which is a housing association that focuses on assisting vulnerable people with their housing needs. This relationship allowed Salford Health Matters to assess the condition of the properties to identify any potential health risks which could contribute to such conditions such as asthma.

The practice had a fail-safe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 69%, which was below the national average of 82%. In order to improve the figures, the practice was trialling translated literature in Polish relating to cervical screening to patients whose first language was not English. Once the practice had evaluated how successful this was they informed us they would roll it out in a variety of languages. There was also 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 were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 87% to 99%. Flu vaccination rates for the over 65s were 73%, and at risk groups 55%. These were also above CCG averages.

The practice had a children's service which was known as The Salford Children's Community Partnership. This was a dedicated children's nursing service that allowed parents to take sick children that presented with acute symptoms to the practice for treatment and advice. The team working within this service consists of a team of highly trained, specialist children's nurses and the service had facilities to admit children and monitor them for a short term basis. This service was accessible to five other GP surgeries across the Little Hulton area that all have access to the appointment system to directly admit a child into the service. This had led to a 40% reduction in acute paediatric admissions into A&E from patients at the Little Hulton practice.

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.
- The practice had a member of staff whose role was to engage with patients and to help support the Patient Participation Group.

21 of the 22 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. One patient had a concern that the appointments with a doctor sometimes seemed slightly rushed.

We also spoke with four members of the patient participation group. They also 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 slightly below for its satisfaction scores on consultations with doctors, but above for its satisfaction scores with nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 79% of patients said the GP gave them enough time (CCG average 88%, national average 89%).
- 91% of patients said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 84% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 82% of patients said they found the receptionists at the practice helpful (CCG average 87%, national average 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:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 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 informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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 at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice is a participator in the 'safe haven' scheme which is for patients that have been previously removed from primary care due to an incident of violence. The practice has the experience in order to deliver the care needed to patients in this category and assist with the patient's rehabilitation back into primary care.

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 with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had followed the local enhanced service guidelines to identify the most vulnerable 2% of its patients. The practice nurse and lead clinician would then be involved in drawing up care plans for patients in this group.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Patients phoning up for an appointment would receive a call back from a GP usually within an hour and a same day appointment could be arranged.
- There were disabled facilities, hearing loop and translation services available.
- The practice has been awarded a 'Pride in Practice' gold award for the services they offer to meet the needs of lesbian, gay and bisexual patients.
- The practice held a community engagement event in order to interact more with the wider community. The purpose of the event was to inform patients more about Salford Health Matters Community Interest Company, and also to inform patients more about the services that were available to them.
- The practice was piloting a 'virtual ward' service. This was offered to older people and was designed to improve care to this patient population group. The pilot scheme was aimed at reducing inappropriate use of services, such as accident and emergency attendance, and also reducing frailty scores. Patients that were eligible for the service would be telephoned each morning and either offered an outpatient appointment, or a bed visit from an advanced practitioner.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 6pm daily. Extended hours surgeries were offered every third

Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice used a 'telephone hub' system to book appointments. This involved all telephone calls going through to a dedicated call centre based at the Little Hulton practice. The calls would be answered by a receptionist and then a GP would telephone the patient back to book an appointment. Patients could also book appointments using the online service or walk into the practice and book at the reception desk.

Results from the national GP patient survey (which apply to the Salford Health Matters Organisation as a whole) showed that patients' 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.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 82% of patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 63% of patients described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 65% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 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 and was clearly displayed on notice boards.

We looked at two complaints received in the last 12 months and found that thorough investigations were carried out and the complaints were satisfactorily handled, and dealt

Are services responsive to people's needs?

(for example, to feedback?)

with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We saw evidence that complaints were shared across the whole of the organisation and learning was taken away from this.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear set of five values (excellence, passion, trust, innovation and respect) which are at the core of their integrity and decision making.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

Salford Health Matters is a community interest company and owned by shareholders. It is a not-for-profit organisation and also runs two other GP practices and a homeless service. Governance of the company was managed by a board of directors (three executive directors and three non-executive directors).

The practice governance framework 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
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The leadership team in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The leadership 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 provider was aware of and complied with the requirements of the Duty of Candour. The leadership team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings and minutes
- 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 leadership team. All staff were involved in discussions about how to run and develop the practice, and the leadership team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Salford Health Matters Community Interest Company has held 'Investors In People' since 2009.

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 had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- We looked at data available from staff surveys which were regularly carried out by Salford Health Matters. We also looked at results from the NHS staff Friends and Family test which demonstrated a high satisfaction within the organisation.

Are services well-led?

Good 

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

Staff told us that the practice supported them to maintain their clinical professional development through training

and mentoring. All staff received 360 degree feedback regardless of their position within the organisation. Staff were also encouraged to nominate each other if they felt a colleague had demonstrated one of the company's core values. The best example was then selected and the employee won a prize.