

# The Heights General Practice

## Quality Report

355 Bolton Road  
Salford  
M6 7NJ  
Tel: 0161 7365282

Website: <https://www.ssphealth.com/our-practices/the-height-general-practice> Date of inspection visit: 22 August 2017  
Date of publication: 16/11/2017

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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	12
Background to The Heights General Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Heights General Practice on 22 August 2017. The Heights General Practice is a location of SSP Health Primary Care Limited. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, 'chaperone bubbles' (chaperone bubbles are notices attached to the GPs desk informing patients chaperone were available) were implemented within the practice which led to an increase in the number of patients requesting a chaperone.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The practice worked closely with other organisations such as Age UK and also the local community in planning how services were provided to ensure that they met patients' needs.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw areas of outstanding practice:

- The practice had identified that there were a number of patients suffering from financial hardship. In response to this the practice initiated a local foodbank and had collected food donations that had fed over 3000 people; 1200 of which were children.
- The practice had recognised that loneliness can impact on the health and wellbeing of its patient population and had addressed this through community integration. This had been driven by the practice and the PPG. It had included the production of a comprehensive newsletter which had been distributed across the population, offering patient transport to those who had difficulty in attending the practice and facilitating social events both in the practice and the local community hall. We saw evidence that this had reduced social isolation and increased well-being for several patients.

**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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had good arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- There were systems and processes in place that ensured all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the national average.
- The practice created and held an 'important patient' register to ensure the needs of the most vulnerable patients were being met and their care was best monitored.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### 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 higher than others for several aspects of care.
- We received 29 comment cards which were all positive about the standard of care received and we spoke with five patients who described staff as caring and committed.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice had recognised that loneliness can impact on the health and wellbeing of its patient population and had addressed this through community integration. We saw evidence that this had reduced social isolation and increased well-being for several patients.
- The practice worked with organisations such as Age UK and Salford Together with the aim of bringing communities together and improve patients' lives. Patients over 65 were able to attend social events that also taught basic computer skills.
- The practice had identified that there were a number of patients suffering from financial hardship. In response to this the practice initiated a local foodbank and had collected food donations that had fed over 3000 people; 1200 of which were children.
- The practice had recognised that loneliness can impact on the health and wellbeing of its patient population and had addressed this through community integration. We saw evidence that practice ran initiatives had reduced social isolation and increased well-being for several patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

**Outstanding**



# Summary of findings

- The practice had achieved a pride in practice bronze award from the lesbian, gay, bi-sexual (LGBT) and transgender foundation. The award recognises the practice was inclusive towards LGBT patients.
- The practice promoted the role of champions in which staff took a key role in supporting specific patients groups. For example the practice had a dedicated carer's champion who maintained regular contact with carers.
- Information about how to complain was available and evidence from the examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The SSP leadership team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

**Outstanding**



# 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 outstanding for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. All patients over the age of 75 were offered health checks and care plans.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- 

Outstanding



### People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice offered appointments up to 45 minutes for those with multiple long term conditions, offering a holistic review.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Outstanding



# Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- Breast feeding facilities were available.

Outstanding



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

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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.

Outstanding



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances known as the 'important patient register' including homeless people and those with a learning disability.
- The practice had identified that there were a number of patients suffering from financial hardship. In response to this

Outstanding





# Summary of findings

the practice initiated a local foodbank and had collected food donations that had fed over 3000 people including patients from this practice and other practices in the local area. 1200 of these patients were children.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice used telephone translation services and routinely offered extended appointments (30 to 45 minutes) to those requiring a translator.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 outstanding for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- 87% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84% and the CCG average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Outstanding



## Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

What people who use the practice say

The national GP patient survey results were published in July 2017. The results showed the practice was performing above local and national averages. 380 survey forms were distributed and 109 were returned. This represented about 2% of the practice's patient list.

- 94% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 29 comment cards which were all positive about the standard of care received. Patients told us they always received a good service and appointments run to time.

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

The practice had conducted an internal patient survey during April 2017, which was completed by 123 patients (3% of the patient list). Analysis of the survey by the practice showed:

- 98% of patients were happy with the overall patient experience at the practice.
- 96% of patients would you recommend this practice to their family and friends
- Patients said they were treated with dignity and respect by the GPs (97%) and by the nurses (91%).

## Outstanding practice

- The practice had identified that there were a number of patients suffering from financial hardship. In response to this the practice initiated a local foodbank and had collected food donations that had fed over 3000 people; 1200 of which were children.
- The practice had recognised that loneliness can impact on the health and wellbeing of its patient population and had addressed this through community integration. This had been driven by the

practice and the PPG. It had included the production of a comprehensive newsletter which had been distributed across the population, offering patient transport to those who had difficulty in attending the practice and facilitating social events both in the practice and the local community hall. We saw evidence that this had reduced social isolation and increased well-being for several patients.

# The Heights General Practice

## 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 adviser and a second CQC inspector.

## Background to The Heights General Practice

The Heights General Practice provides primary medical services in Salford, from Monday to Friday. The practice is open and offers appointments between 8.00am to 8.00pm Monday to Friday and 9:30am to 11:30am on a Saturday.

The Heights General Practice is situated within the geographical area of Salford Clinical commissioning Group (CCG).

The practice has an Alternative Provider Medical Services (APMS) contract. The APMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The Heights General Practice is responsible for providing care to 4465 patients.

The practice consists of five GPs, one lead GP and three sessional doctors, three of whom were female, a practice nurse and a health care assistant. The practice was supported by a practice manager, assistant manager, receptionists and secretary. The practice is a training practice and has one GP trainee and a 4th year medical student.

The practice is part of SSP Health Primary Care Limited, a federated organisation which provides support from the

internal leadership and governance teams. The practice has access to support and leadership from, for example a nursing lead and pharmacist as well as access to human resources, auditing and finance teams. When the practice is closed patients are directed to the out of hours service.

## Why we carried out this inspection

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 August 2017. During our visit we:

- Spoke with a range of staff spoke with patients who used the service.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

# Detailed findings

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 were provided for specific groups of people and what good care looked 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 living 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We looked at two significant events in detail. We also found that significant event learning was shared with other SSP practices. Any member of staff was able to raise a significant event and the practice carried out a thorough analysis of the significant events. Learning from significant events was shared with the wider SSP organisation.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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 lead GP also provided safeguarding advice to other SSP practices if required.

From the documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required and the practice had 'chaperone bubbles' which was a notice stuck to the GPs desk easily visible to the patient and informed patients that chaperones were available. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 had performed an audit and was able to demonstrate that the use of chaperone bubbles had led to an increase in the number of chaperones being requested.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular

## Are services safe?

medicines audits, There was a pharmacist from SSP who worked with the practice to support regular medicines audits and to ensure prescribing was in line with best practice guidelines. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had good arrangements 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. A first aid kit and accident book were 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 appropriate, in date and stored securely.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 and 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 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 90% and national average of 94% with 6.7% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was above the CCG and national averages. For example The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 95% compared to the CCG average of 91% and the national average of 91% with 3.6% exception reporting.
- Performance for mental health related indicators were above the CCG and national averages. For example The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in

the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 93% compared to the CCG average of 87% and the national average of 89% with 0% exception reporting.

- The practice monitored the most vulnerable patients through an 'important patient' register to ensure their needs were being met and their care was monitored. This included vulnerable adults with safeguarding issues, carers, military veterans and people suffering from mental health issues. People on this register were offered prompt appointments when requested and were discussed at multidisciplinary group (MDG) meetings.

There was evidence of quality improvement including clinical audit:

- There had been a range of single cycle and full clinical audits commenced in the last two years. We reviewed five completed audits where the improvements made were implemented and monitored which included audits linked to MHRA alerts and anticoagulation medication audits to ensure the safe and effective provision of anticoagulation monitoring.
- The practice also carried out administration audits which looked at areas such as access to the service and read coding.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. The practice worked with key performance indicators set by the local CCG and met with the CCG and other local GPs to benchmark, monitor and review quality. The practice used data to effectively monitor and improve outcomes for patients.
- A pharmacist provided support to the practice. They ran prescribing safety checks and audits, where any issues were highlighted these were passed to a GP to act on. The practice also received support from the CCG medicines management team.
- Outcomes of audits were discussed routinely during clinical meetings within the practice.
- The practice worked with key performance indicators set by the provider SSP and met with colleagues within the organisation to monitor and review quality on a monthly basis.
- The practice held an "Important patient" register which included vulnerable patients, carers, drug monitoring,



# Are services effective?

## (for example, treatment is effective)

learning disabilities, military veterans, deprivation of liberty safeguards (DOLs), cancer, gold standard framework (GSF), childhood asthma and those patients who were housebound. This was to ensure that these groups of patients had additional systems in place for monitoring them. This was regularly maintained and provided clinicians with appropriate information in a timely manner to treat patients accordingly. Patients on the register had alerts on their patient record to ensure those who needed prompt intervention can access this easily.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This 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. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, nurse and clinical leads with SSP and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- Staff worked together and with other health and social care professionals 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 were discharged from hospital.
- Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

# Are services effective?

(for example, treatment is effective)

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds were at 100% for meningitis C and 100% for measles, mumps and rubella (MMR).

The practice's uptake for the cervical screening programme was 86%, which was above both the CCG average of 77% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was

available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Speaking with staff who had taken on the role of champion, we noted they were passionate and committed to ensuring patient had access to information and signposting to relevant organisations.
- We were provided with several examples of staff understanding patient's individual needs and providing support where necessary.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.
- The practice had identified that loneliness can impact on health and wellbeing and had addressed this through community integration.
- The practice worked with organisations such as Age UK and Salford Together with the aim of bringing communities together and improve patients' lives. Patients over 65 were able to attend social events that also taught basic computer skills.

All of the 29 patient Care Quality Commission 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 spoke with five patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The practice had conducted an in house patient survey during April 2017, which was completed by 123 patients (3% of the patient list). Analysis of the survey by the practice showed:

- 98% of patients were happy with the overall patient experience at the practice.
- 96% of patients would you recommend this practice to their family and friends

Patients said they were treated with dignity and respect by the GPs (97%) and by the nurses (91%).

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

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 97% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 92%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

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

## Are services caring?

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation 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.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 86 patients as carers (2.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced 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 or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Saturday morning from 9.30am until 11.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had achieved gained a pride in practice bronze award from the lesbian, gay, bi-sexual (LGBT) and transgender foundation. The award recognises the practice was inclusive towards LGBT patients.
- The practice promoted the role of champions in which staff took a key role in supporting specific patients groups for example, the practice had a dedicated carers champion who maintained regular contact with carers, offered advice and support and liaised with local services to ensure information within the practice was relevant and up to date. The practice also had a cancer champion in place who would contact all patients who were newly diagnosed with cancer to ensure they had the relevant support.
- The practice offered a counselling service at the practice which patients could self-refer to or be referred by a GP.

- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice had identified that there were a number of patients suffering from financial hardship. In response to this the practice initiated a local foodbank and had collected food donations that had fed over 3000 people which included patients from this practice and practices in the local area, 1200 of which were children.
- The practice had recognised that loneliness can impact on the health and wellbeing of its patient population and had addressed this through community integration. This had been driven by the practice and the PPG. It had included the production of a comprehensive newsletter which had been distributed across the population, offering patient transport to those who had difficulty in attending the practice and facilitating social events both in the practice and the local community hall. We saw evidence in the form of case studies that this had reduced social isolation and increased well-being for several patients.

### Access to the service

The practice was open and offered appointments between 8am and 8pm Monday to Friday and from 9.30am to 11.30am on a Saturday. In addition to pre-bookable appointments that could be booked up to six 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 generally above compared to local and national averages.

- 92% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 71%.
- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 84% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 78% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 56% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was achieved by the GP triage, in which a GP would telephone the patient or carer to gather information to make a decision on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system 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.

We looked at one complaint received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Compliments and complaints were also discussed routinely within practice meetings. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. An annual analysis of all compliments and complaints was carried out to identify any patterns or trends.



# Are services well-led?

Outstanding



(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. This aligned with the overarching values of the provider SSP Health Primary Care Limited (SSP).
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The vision and values included, providing a high standard of medical care and being committed to patient's needs. We saw that throughout our inspection through observations and reviewing sources of evidence the management team and staff were actively engaged with the practice vision and values.

### 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 and ensured that:

- The practice was part of SSP Health Primary Care Limited, a federated organisation and benefited from support from the internal leadership and governance teams. The practice was managed at a local level but had access to support and leadership from senior management within SSP Health Primary Care Limited. For example, a nursing lead and pharmacist as well as access to human resources, auditing and finance teams. In addition staff and patients within the practice benefitted from being part of a wider federated organisation through shared learning, training, mentoring and personal development. Staff told us this helped to improve safe care and treatment as they always had colleagues to call upon and were able to seek advice where required. Staff told us they benefited from the administration support provided by SSP Health Primary Care Limited as this enabled the practice to focus on patient health care and the local needs of the population.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Organisation flow charts were in place on staff notice boards so staff were aware of who senior management are and the correct process to follow should they have any concerns.
- Each area of the practice had a 'practice champion' whose role was to focus on different patient groups. For example, one of the partner GPs was the cancer champion. Other champion roles included a carer's lead, learning disability lead and dementia lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An excellent understanding of the performance of the practice was maintained. The practice used the QOF framework to measure its performance. The QOF data for the practice showed their performance was consistently above national standards. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. This was supported by a dedicated audit team within SSP.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a comprehensive structure in place led by SSP to enable learning and share best practice, this included peer review and collaborative working.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. Learning was also shared across the wider SSP network.
- The practice manager regularly attended meetings with the provider and fed back to the team any relevant developments within the organisation as a whole.
- The assistant practice manager was responsible for starting up the foodbank initiative because the practice had identified that there were a number of patients suffering from financial hardship. In response to this the practice initiated a local foodbank and had collected food donations that had fed over 3000 people; 1200 of which were children.

### Leadership and culture

# Are services well-led?

Outstanding



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

On the day of inspection the lead GP, practice manager and leadership team from SSP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the SSP leadership team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The SSP leaders encouraged a culture of openness and honesty. From the sample of the documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. These included regular management team meetings and clinical meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the SSP leadership team in the practice. All staff were involved in discussions about how to run

and develop the practice, and the SSP leadership team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- The practice had an in house reward scheme, practice employee of the month in recognition of an individual's ongoing contributions. We noted these were prominently displayed within the practice. This was in addition to the reward scheme offered by SSP to all staff across the organisation.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients; through the patient participation group (PPG) and through surveys and complaints received.
- The PPG meet on a quarterly basis and carried out patient surveys and submitted proposals for improvements to the practice management team. Suggestions were implemented by the practice. For example, a notice board containing alcohol misuse support information was placed in a discrete area of the practice. The board was regularly updated by a PPG member.
- The NHS Friends and Family test, complaints and compliments received via the suggestion box.
- Staff through an annual staff survey carried out by the provider, through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management add your own examples of where the practice had listened to staff feedback. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice carried out their own internal patient satisfaction survey in April 2017 and the results and actions were discussed with staff.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.