

Freshfields Practice

Quality Report

61 Gores Lane

Formby

Merseyside

L37 3NU

Tel: 01704 879 430

Website: www.ssphealth.com/our-practices/freshfield-surgery

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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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Freshfield Practice on 29 July 2015.

Overall the practice is rated as good.

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

- Staff were aware of procedures for reporting significant events and safeguarding patients from risk of abuse. Significant events had been appropriately managed.
- There were appropriate systems in place to reduce risks to patient safety, for example, infection control procedures.
- Staff records for self-employed GPs and locum GPs needed improvement. For example records detailing health checks carried out and the recording of the date of the most recent Disclosure and Barring Service (DBS) check.

- Access to the service was monitored to ensure it met the needs of patients. Patients reported satisfaction with the ease of making appointments, although they were less satisfied with opening times.
- A number of locum GPs and self-employed GPs were supporting the practice which did not promote continuity of care for patients. Patient experiences of seeing or speaking to a preferred GP were less than local and national averages (National Patient Survey July 2015). The lead GP was self-employed and had worked at the practice on a permanent basis for approximately two years.
- The practice sought patient views about improvements that could be made to the service and acted on patient feedback. Information about how to complain was available.
- Patients were overall positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful.

Summary of findings

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Services were planned and delivered to take into account the needs of different patient groups.
- There were systems in place to monitor and improve quality and identify risk.

There were areas where the provider must make improvements:

- The system in place to monitor and record the use of prescription pads needs to be reviewed to ensure accurate records are maintained and are auditable.
- Recruitment records for those staff not directly employed by SSP Health Ltd must contain information that demonstrates that they have the necessary skills, competencies and are of good character to provide safe services to patients.

There were areas where the provider should make improvements.

Importantly the provider should:

- Make improvements to the continuity of GPs employed at the practice to promote effective communication between clinical staff and continuity of care for patients.
- Recruitment records needed improvement with regard to the carrying out of health checks on prospective employees and or locum staff.
- Ensure that the practice website contains sufficient health promotion information for 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 requires improvement for safe. Staff were aware of procedures for reporting significant events and safeguarding patients from risk of abuse. There were appropriate systems in place to protect patients from the risks associated with equipment, the safety of the premises and infection control.

We found the recruitment records for GP locums and self-employed GPs were inconsistent. The recruitment records for self-employed GPs did not include evidence of DBS checks, references or signed contracts. We also found that records did not always contain sufficient information to show that information about any physical and mental health conditions which are relevant to the duties had been undertaken.

The system in place to monitor and record the use of prescription pads was not effective.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for staff employed by the provider. There was evidence that the provider monitored the date of GP locum's appraisals and the date they were required to be revalidated. Staff worked with multidisciplinary teams to provide a better care to patients.

Good



Are services caring?

The practice is rated as good for providing caring services. 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 community services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to

Good



Summary of findings

secure improvements to services where these were identified. Patients said they found it easy to make an appointment however some patients raised issues with regards to seeing a named GP and that this impacted on their continuity of care. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led. It had a vision and strategy and staff were clear about their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff employed by SSP Health Ltd had regular performance reviews and attended staff meetings and events. Locum GPs and self-employed GPs who worked at the practice were offered an induction prior to commencement of their working day. They also had access to an induction pack that provided information about the practice and the organisation. Locum GPs and Self-employed GPs also had access to training provided by the organisation.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice contacted patients with dementia prior to an appointment to support them to attend the appointment.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the lead GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. 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 high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example, the Practice offered online prescription ordering and the ability to cancel appointments by text. The practice offered a range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability. 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. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Ninety percent of people experiencing poor mental health had a comprehensive and agreed care plan documented in their records, in the preceding 12 months. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health and carried out advanced 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

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2015 showed the practice was generally performing in line with local and national averages. There were 106 responses this is a response rate of 38.4% of the patient list size.

- 91% said the GP was good at listening to them compared to the CCG average of 92% and national average of 88%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 86%.
- 91% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

Responses showed the practice was above average in telephone access and experience of making an appointment:

- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 74%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.

However; results indicated the practice could perform better in certain aspects of care, including speaking to or seeing the same GP:

- 33% of patients with a preferred GP said they usually get to see or speak to that GP compared to the CCG average of 62% and national average of 60%.

Responses for waiting times and recommending the practice were slightly below local and national average:

- 56% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 75% and national average of 65%.
- 61% of patients said they would recommend the practice to someone new to the area compared to the CCG average of 82% and national average of 78%.

We looked at the results of the NHS family and friends test (FFT) from April to June 2015. The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. This showed mixed results. In April, 44% (based on 27 patient responses) of patients were either extremely likely or likely to recommend the practice. In May 2015 (based on 10 patient responses) 60% were likely to recommend the practice and in June 2015 (based on 8 patient responses) 63% of patients were either extremely likely or likely to recommend the practice. Some comments from patients unlikely to recommend the practice were around the lack of regular GPs working at the practice.

The practice had carried out a survey in 2014/2015. This showed that 100% of respondents felt they were treated with dignity and respect and 95% of respondents had confidence and trust in the clinical and administrative staff. Eighty six percent said they would recommend the practice to family and friends. The survey identified that a number of patients were not aware they could ask to speak to a receptionist in a private area and that routine appointments could be booked four weeks in advance. The practice had taken action to bring this information to the attention of patients by displaying this around the practice.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards. During the inspection we spoke with four patients. All patients were generally positive about the service received, the majority said they felt listened to and involved in decision making about the care and treatment. All commented that the reception staff were caring and helpful and six patients praised the service provided by the lead GP.

Patients said they were generally able to get an appointment when one was needed. Three comment

Summary of findings

cards and two patients told us that there were a number of different GPs working at the practice and that this did not provide them with continuous care as they did not often get to see the same GP.

Areas for improvement

Action the service **MUST** take to improve

- The system in place to monitor and record the use of prescription pads needs to be reviewed to ensure accurate records are maintained and are auditable.
- Recruitment records for those staff not directly employed by SSP Health Ltd must contain information that demonstrates that they have the necessary skills, competencies and are of good character to provide safe services to patients.

Action the service **SHOULD** take to improve

- Make improvements to the continuity of GPs employed at the practice to promote effective communication between clinical staff and continuity of care for patients.
- Recruitment records needed improvement with regard to the carrying out of health checks on prospective employees and or locum staff.
- Ensure that the practice website contains sufficient health promotion information for patients.

Freshfields Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a second CQC inspector, GP specialist advisor and a practice manager specialist advisor.

Background to Freshfields Practice

Freshfield Practice is located in the Formby area of Merseyside. It is responsible for providing primary care services to approximately 3032 patients. The practice is based in a less deprived area when compared to other practices nationally. Unemployment levels amongst the patient population are relatively low. The practice population are of mixed gender and ages.

The staff team includes one regular GP who is not directly employed by SSP Health Ltd with additional GP services provided by locum and self-employed GPs. There is a practice manager, reception and administration staff. The practice is open 8am to 6.30pm Monday to Friday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Go to Doc.

The practice has an Alternative Provider Medical Services (APMS) contract. The practice offers a range of enhanced services including minor surgery, flu and shingles vaccinations and learning disability health checks.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

How we carried out this inspection

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

- 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
- Mothers, babies, children and young people

Detailed findings

- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health (including people with dementia)

We carried out an announced inspection of the practice and in advance of our inspection, we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 29 July 2015.

We reviewed the operation of the practice, both clinical and non-clinical. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We discussed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We sought views from patients, looked at survey results and reviewed comment cards left for us on the day of our inspection. We also spoke with the practice manager, lead GP, senior managers from SSP Health Ltd, practice nurse, administrative staff and reception staff on duty.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a sample of GP consultations including locum GPs working at the practice were audited every four months to ensure clinical decision making was based on best practice and in line with National Institute for Health and Care Excellence (NICE) guidance. The audit also checked that the consultation was appropriately recorded in patients' records. Where issues were identified the local medical director for the organisation contacted the individual clinicians by email to discuss the results of the audit. The practice had access to audit results via their internal intranet.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance.

Overview of safety systems and processes

The practice had systems, processes in place, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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 did not routinely attend safeguarding meetings but told us they would always provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and records showed that staff employed by SSP Health had received training relevant to their role. However some of the recruitment

records maintained for locum GPs provided by recruitment agencies and self-employed GPs did not record whether GPs had received safeguarding training and regular updates.

- A notice was displayed in the waiting room, advising patients that a chaperone (an impartial observer) could be provided, if required. 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).
- 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 regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. 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. Regular medication audits were carried out with the support of the organisation's medicines management team and the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored however the system in place to monitor the use of loose prescriptions by GP locums was poor. For example, we looked at the records kept for five occasions when loose prescriptions were given to locum GPs. Records did not provide detailed

Are services safe?

information with regard to the name of the GP, their signature to confirm they had been given the prescriptions and no record of whether they had been used or returned.

- Recruitment checks were carried out and the six files we reviewed showed that parts of the recruitment process for locum GPs supplied by agencies and self-employed GPs were not robust. For example, the organisation was not able to demonstrate a consistent approach to checking the training records of locum and self-employed GPs. The recruitment records for self-employed GPs did not include evidence of DBS checks, references or signed contracts. We also found for this group of staff that records did not consistently contain satisfactory information to show that information regarding health checks had been carried out to support staff to carry out duties relevant to their roles. Checks had been made to determine that all locum and self-employed GPs were on the NHS clinical performers list.
- 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. From 1 April 2015 to 30 June 2015, 18 different locums or self-employed GPs had

been used to support the running of the practice. This included two weeks GP holiday cover and two days sickness. In the same period the lead GP covered 51 clinical sessions.

Arrangements to deal with 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. The training records for staff employed by the organisation showed that staff had received annual basic life support training. However, not all GP records clearly indicated whether this training had been undertaken within the required timescales.

There were emergency medicines available in the treatment room and the practice had a defibrillator available on the premises. 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

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and guidelines developed by Southport and Formby Clinical Commissioning Group (CCG) and used this information to develop how care and treatment was delivered to meet needs.

SSP Health Ltd provided clinical updates to staff via email and a recently introduced newsletter. A GP forum was scheduled for September 2015 which would be an opportunity for GP training and learning. Regional meetings were also held by SSP Health Ltd for clinical staff to discuss current clinical issues. Clinical staff had access to training and educational events provided by the CCG.

The clinical staff we spoke to told us that patients' consent to care and treatment was sought 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, assessments of capacity to consent were also carried out in line with relevant guidance.

Protecting and improving patient health

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and there was some information in the practice information leaflet. The practice had links with smoking cessation and alcohol services and staff told us these services were pro-actively recommended to patients. Health checks for patients aged 40–74 who did not have any existing chronic conditions were offered. New patients registering with the practice completed a health questionnaire and were given a new patient medical appointment with the practice nurse.

The website for the practice contained information about clinics and services available however, there was no health promotion information available. For example, regarding treatments for common conditions, information on long term conditions or sign posting to support services such as those for drug and alcohol misuse.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF) and other sources to identify where improvements were needed and to take action. Quality and Outcomes Framework (QOF) information showed the practice was meeting its targets regarding health promotion and ill health prevention initiatives.

Childhood immunisation rates for the vaccinations given were comparable to or exceeded CCG averages. For example, childhood immunisation rates pneumococcal vaccinations given to children up to five years were 100% which was above the CCG average.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services. Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients who were at risk of unplanned hospital admissions.

Management, monitoring and improving outcomes for people

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. This practice was not an outlier for any QOF clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was similar to the national average of 77.72%
- The dementia diagnosis rate was 90% when compared to the national average of 83.82%.
- Performance for cervical screening of eligible women (aged 25-64) in the preceding five years was similar to the national average of 81.88%
- The percentage of patients with hypertension having regular blood pressure tests was 78.65% which was slightly lower than the national average of 83.11%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients with atrial fibrillation currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100% when compared to the national average of 98.32%.

Quality improvement audits were being established and a schedule of audits had been planned for the year. For example, we saw an audit of cancer referrals and an audit for monitoring the use of high risk medications. We looked at the minutes of clinical meetings held in May, and July 2015 where the results of clinical audits had been discussed between the practice manager and the lead GP (self-employed GP). The number of different GPs working at the practice highlighted the importance of newsletters and email updates as a method of communication. The practice participated in local CCG audits such the prescribing of specific medications.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Further information was needed in the operational guidance given to temporary GPs. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Locum and self-employed GPs received an induction from the practice manager and they had access to a Bank GP and locum GP Induction Pack which included information about the operation of the practice and policies and procedures.
- Staff employed by the organisation received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Locum GPs and self-employed GPs who worked for the organisation were offered the same training as employed members of staff.

A sample of records showed that GPs who had regularly worked at the practice from April to June 2015 were up to date with their yearly appraisals. There were annual appraisal systems in place for all other members of staff.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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. The practice proactively supported patients with dementia to access services. There was a system in place for reception staff to contact patients with dementia prior to an appointment to support them to attend the appointment.

We received four comment cards and spoke to four patients. Patients all said that their privacy and dignity were promoted and they were generally positive about the service experienced. A number of patients said the reception staff were caring and helpful and a number praised the service provided by the lead GP. However three patients commented on the high number of locum GPs who worked at the practice. The majority of comments about the care and treatment provided by the GPs was positive but felt the lack of continuity provided challenges.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. 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 for carers to ensure they understood the various avenues of support available to them.

Data from the National GP Patient Survey July 2015 showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about average when compared to local and national averages for example:

The practice had carried out a survey in 2014/2015. This showed that 100% of respondents felt they were treated with dignity and respect and 96% of respondents had confidence and trust in the clinical and administrative staff.

Care planning and involvement in decisions about care and treatment

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

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 89%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 84%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as dementia assessments, avoiding unplanned admissions to hospital and providing an individualised service to patients with a learning disability.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients who were at risk of unplanned hospital admissions. Minutes of clinical and practice meetings showed the needs of these groups of patients were discussed and monitored.

The practice has a newly formed Patient Participation Group (PPG) and the group were in the process of identifying priority areas for practice development.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for patients who needed them, such as patients with a learning disability.
- Urgent access appointments were available for children and those with serious medical conditions.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- The practice worked with the local pharmacy to support collection and delivery of medication to housebound patients.
- Winter pressures were dealt with by making extra GP sessions available to help reduce hospital admissions.
- There were disabled facilities and translation services available.
- Staff spoken with indicated they had received training around equality and diversity.

Access to the service

Results from the national GP patient survey from July 2015 showed that patient's satisfaction with some aspects of access to care and treatment was comparable to or above local and national averages. People we spoke to on the day were able to get appointments when they needed them. For example:

- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 74%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 95% said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 91%.

However, patient satisfaction about seeing a preferred GP was significantly lower than local and national averages. Responses for waiting times and opening times were slightly below average. For example:

- 33% of patients with a preferred GP said they usually get to see or speak to that GP compared to the CCG average of 62% and national average of 60%.
- 56% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 75% and national average of 65%.
- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.

We received four comment cards and spoke to four patients. Patients said they were generally able to get an appointment when one was needed. Two comment cards and four patients told us that there were a number of different GPs working at the practice and that this did not provide them with continuous care as they did not often get to see the same GP.

We looked at a patient survey carried out by the practice in 2014/2015. We noted this did not look at patient's experiences of accessing appointments in any detail. The survey results indicated 89% of patients said the telephones were always answered promptly. The survey identified that 42% of patients were not aware that routine appointments could be booked four weeks in advance, 21% were not aware that in cases of medical emergency they would be seen on the day and 84% were aware they were able to request a chaperone to be present during a consultation. The practice had taken action to bring this information to the attention of patients by displaying this around the practice.

The practice was open from 8am-6.30pm Monday to Friday. The practice offered pre-bookable appointments up to four weeks in advance, book on the day appointments and

Are services responsive to people's needs?

(for example, to feedback?)

telephone consultations. Patients could book appointments in person, on-line or via the telephone. The practice had introduced a system whereby patients could cancel their appointments by text to attempt to reduce wasted appointments. Repeat prescriptions could be ordered on-line or by attending the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in

England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in a practice leaflet. The

complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. We reviewed four complaints received within the last 12 months. All had been dealt with appropriately.

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 'Vision Statement' of SSP Health Ltd stated how the practice aimed to deliver outstanding clinical services responsive to patient's needs. This was detailed in a patient information leaflet which was available within the patient waiting areas. The practice was aware of future challenges. The biggest challenge it faced was recruitment of GPs to ensure consistent GPs for continuity of patient care.

Governance arrangements

Staff employed by the organisation and the lead GP attended a monthly meeting where practice related issues were discussed, such as significant events. Clinical meetings also took place and we saw the minutes from the last three meetings in April, May and June which showed audits, safeguarding and palliative care were discussed. Clinical and practice meeting minutes were available on the organisation's intranet for all staff working at the practice to access.

There was a system for reviewing GP consultations. We saw records that showed this had been carried out for the lead GP and the locum and self-employed GPs who worked at the practice. We were told that if any concerns were identified a meeting would be arranged to address them.

The practice had a number of policies and procedures in place to govern activity and staff knew how to access them. We looked at a sample of policies and procedures, the policies had been recently reviewed and contained the required information.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The clinical staff spoken with and senior managers told us that QOF data was regularly reviewed and action plans were produced to maintain or improve outcomes. Records showed the practice proactively monitored the QOF indicators to ensure patients received appropriate care and support.

Quality improvement audits were being established to improve clinical care and a schedule of audits had been planned for the year. Audits of non-clinical areas such as computer coding systems and medical document scanning also took place.

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

The Patient Participation Group (PPG) had recently being formed and was in the process of identifying priority areas to support improvement in the practice. The PPG was made up of four patients. The practice sought patient feedback by other means such as utilising a suggestions box in the waiting room, having an in-house patient survey and utilising the Friends and Family test. Staff told us they felt able to give their views at practice meetings or to the practice manager. Staff told us they could raise concerns and felt they were listened to.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Patients were not protected against the risks associated with unsuitable staff because the provider did not ensure that information specified in Schedule 3 was available for all staff who are contracted to carry out the regulated activities.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Patients were not protected against the risk associated with the lack of robust systems with regard to the storage and recording of prescription pads.