The Heights General Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Heights General Practice on 24 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a GP and in the main 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.
- 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.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. 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 all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

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 the services provided was available at the practice, however limited information was available on the practice website. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

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 secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP and that in the main 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. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There 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. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

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.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. Where appropriate one longer review appointment was made to enable those patients with multiple conditions to have all conditions and medication reviewed at the same time, preventing patients having to make repeat visits. For those people with the most complex needs care plans were in place and the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

The practice served a local student population and offered sexual health and contraception services, attended local university fresher's fairs to encourage students to register with local GPs. The practice also offered Saturday morning appointments for ease of access and Meningitis C vaccination catch up.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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 and where required these were carried out in patients' homes. It offered longer appointments for people with a learning disability or those requiring a translator.

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.

The practice was proactive in promoting a local food bank and referred those patients who were in need. The practice also had a food collection point for the local food bank.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 97% of people experiencing poor mental health had a comprehensive care plan in place, agreed between individuals, their family and/or carers as appropriate.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Summary of findings

organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 115 responses and a response rate of 26%.

- 70% find it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 96% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 57% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 76% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 73% describe their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 76% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 71% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff. The three patients we spoke with were complimentary of the staff, care and treatment they received.

The Heights General Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor.

Background to The Heights General Practice

The Heights General Practice provides primary medical services in Salford, from Monday to Friday. The practice is open between 8.00am – 8.00pm Monday to Friday and 9:30am – 11:30am Saturdays. Appointments with a GP were available between 9:00am and 5:40pm, with the exception of Mondays when appointments are available from 8:00am. Appointments were also available with a GP on a Saturday 9:30am to 11:30am.

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 3905 patients of whom 51% of patients between the ages of 15 and 44 years The practice population included 11.6% black and minority ethnic (BME) patients.

The practice is a training practice, accredited by the North Western Deanery of Postgraduate Medical Education and has one GP specialist trainee.

The practice consists of four GPs, one lead GP and three sessional doctors, three of whom were female, a practice nurse and an assistant practitioner. The practice was supported by a practice manager, assistant manager, receptionists and secretary.

When the practice is closed patients were directed to the out of hour's service.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

Detailed findings

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 24 September 2015. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with three patients, two members of the patient participation group and nine members of staff. We spoke with a range of staff, including the GPs, regional manager, practice manager, assistant manager, practice nurse, assistant practitioner and reception staff.

We reviewed 26 Care Quality Commission comment cards where patients and members of the public had shared their views and experiences of the service.

Good

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. People affected by significant events received a timely and sincere 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 computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and complaints on an annual basis to identify any patterns or trends.

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.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding, who had protected time to manage safeguarding and had participated in extensive training including issues associated with Female Genital Mutilation. The lead GP attended local safeguarding meetings on a monthly basis and attended where when possible case conferences and always provided reports where necessary for other agencies. In addition to attending safeguarding meetings the lead met with a Consultant in Paediatrics every six weeks to discuss safeguarding issues.
- Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room and consulting rooms, advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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. 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 assistant practitioner was the newly appointed infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the provider's pharmacist and local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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 and long term locum GPs or nurses were used where there were shortages in clinical staff.

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. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.4% of the total number of points available, with 3.1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were above local and national average in all clinical and public health outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average
- Performance for mental health related indicators was better than the CCG and national average.
- The dementia diagnosis rate was above than the CCG and national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were provided with three examples of clinical audits completed in the last two years, all were completed audits relating to medicines managements, where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff including locum GPs that covered policies and procedures and clinical systems alongside topics such as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support from the provider, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- We saw evidence that any locum GPs or agency staff used by the practice had all received a thorough induction into the practice clinical and non-clinical routine ways of working.

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 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 were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a fortnightly basis for patients at risk or unplanned hospital admissions. We also noted that the lead GP attended

Good

Are services effective?

(for example, treatment is effective)

fortnightly meetings to plan and support patients with challenging behaviour. End of life meetings took place on a monthly basis and as part of all the multi-disciplinary meetings care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always 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. Staff had received training linked to 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with poor mental health and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service such as in house counselling, smoking cessation or local health trainers. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 83% which was above the CCG and the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, NHS England figures showed in 2015, 97% of children at 24 months had received the measles, mumps and rubella (MMR) vaccination.

Good

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 and that people were treated with dignity and respect. 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The only concerns raised within the comments cards were in relation to continuity of GPs and concern that conversations maybe overheard at reception. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were actively engaged and listened to by the practice and told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice had slightly lower satisfaction scores on consultations with doctors and nurses to national and CCG scores. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 96% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission and poor mental health.

Patient and carer support to cope emotionally with care and treatment

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

The practice computer system alerted GPs if a patient was also a carer. There was a practice register of all people who

Good

Are services caring?

were carers. The practice had identified a carers champion and offered health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them and a dedicated display board was kept up to date in the waiting area.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

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 plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals, this included access to audiology and counselling.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered GP appointments from 8:00am on a Monday and Saturday mornings. Nurse appointments were available until 7:30pm on Thursday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability or who required a translator.
- Combined appointments up to 60 minutes were provided for reviewing patients with multiple long term conditions to prevent patients having to make several appointments/visits to see a nurse or GP.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There was a dedicated breast feeding area.
- The practice was planning to install a lift to improve access

Access to the service

The practice was open between 8.00am – 8.00pm Monday to Friday and 9:30am – 11:30am Saturdays. Appointments with a GP were available between 9:00am and 5:40pm, with the exception of Mondays when appointments are available from 8:00am. Extended hours surgeries were offered every Saturday with GP appointment available between 9:30am and 11:30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 70% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 73% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 76% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written and verbal complaints. We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the compliant.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice carried out an annual review of complaints to identify any patterns or trends and these were shared during team meetings.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear statement of purpose which was to provide people registered with the practice with a wide range of NHS primary medical services under the Alternative Provider Medical Services (APMS) contract. The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly reviewed.

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

Governance arrangements

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

- The practice is part of SSP Health a federated organisation and benefits from support from SSP Health for example access to nursing lead and pharmacist for guidance and support as well as access to human resources team.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was in place with non clinical audits in place, including a capacity and demand audit of the appointments system.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The leadership team from SSP Health and the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The SSP Health regional team were visible, the practice manager had an open door policy and alongside the practice lead GP they were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The practice encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the lead GP and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the provider SSP Health encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys, reviewed feedback comments and complaints (anonymised) and submitted proposals for improvements to the practice management team. The practice had also gathered feedback from staff 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. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong 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. This included setting up a collection point for the local food bank and advertising how patients could access a referral to the food bank via a GP. The practice were also proactive in inviting other services to use their facilities and improve access for

Are services well-led?

Good

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

patients, for example a weekly ultrasound clinic was held at the practice and a private physiotherapist offered patients one free consultation whilst waiting for an NHS appointment if necessary.

The practice were aware of the local student population and attended local university fresher's fairs to encourage students to register with a local GP and provided health promotion advice such as sexual health.