

The Spinney Medical Centre

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?	Outstanding	

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 The Spinney Medical Centre on 23 September 2016. Overall the practice is rated as good.

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

- The practice is situated in a purpose built health centre and has a separate administration building. The practice was clean and had good facilities including disabled access, translation services and a hearing loop.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- The practice was aware of and had systems in place 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).
- Patients' needs were assessed and care was planned and delivered in line with current legislation.

- 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. The practice sought patient views about improvements that could be made to the service; including having a patient participation group (PPG) and acted, where possible, on feedback.
- Staff worked well together as a team and all felt supported to carry out their roles.

The practice is rated outstanding for well led because of the strong leadership and an open and committed culture for education and development. For example:

- The practice had asked for an external risk review from their medical indemnity insurer and as a result improved their systems in place. For example, the complaints process. The complaints process was altered so that it required a second person with the same role to independently review any response to a complaint sent to a patient.
- The practice proactively worked with the patient participation group to support patients, in particular carers. There was a 'care for carers' policy. In collaboration with the PPG the practice facilitated

Summary of findings

educational sessions for patients and invited guest speakers. These sessions were used as an opportunity to provide patients with information on a range of general health topics. The practice won the local Healthwatch's Patient-Friendly Practice Award in 2016.

- There was a focus on continuous learning. In 2015 the practice was designated as one of six Enhanced Training Practices across Health Education North West and coordinated all non-medical student university placements across four boroughs. Staff were encouraged in their careers. For example, the nurse had taken a prescriber's course as a result of discussions at appraisal. The practice was aware of not only the shortage of GPs nationally, but within the local area and worked with local schools to provide career advice for students interested in medicine.

However, there were improvements that should be made.

The practice should:

- Review the equipment and processes for cleaning the premises and clinical equipment to ensure national guidance is followed.
- Analyse incidents in order to identify any trends to prevent reoccurrence.
- Include reference to emergency situations in their home visiting policy.

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. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as outstanding for being well-led. This was because of the strong leadership and an open and committed culture for education and development. For example:

- The practice had asked for an external risk review from their medical indemnity insurer and as a result improved their systems in place.
- There were clear business plans in place following the 'GP Five Year Forward View' to becoming a federated practice. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and

Outstanding



Summary of findings

procedures to govern activity. The practice used CQC questions about safety, effectiveness, responsiveness, caring and well led as 'golden threads' in everything they did. However, they added an additional thread of education and development.

- The practice recognised good communications were essential and staff meetings were at the heart of the clinical governance framework. Significant events and complaints were discussed at whole team meetings to ensure shared learning. However, incidents were not reviewed overall to identify any possible trends.
- The practice recognised the importance of supporting its staff in terms of working environment and work life balance.
- The practice proactively sought feedback from staff and patients and had an active PPG. The practice proactively worked with the patient participation group to support patients, in particular carers. The practice had won the local Healthwatch's patient- friendly practice award in 2016.
- There was a strong emphasis on supporting career progression for staff and the practice was part of a federation of training practices. The practice was aware of not only the shortage of GPs nationally, but also within the local area and worked with local schools to provide career advice for students interested in medicine. Staff had received inductions 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

The practice is rated as good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s and all these patients received a comprehensive geriatric assessment of their needs.

Good



People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the 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 providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. 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.

Good



Working age people (including those recently retired and students)

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments. The practice was open on Saturday mornings for both GP and nurse appointments.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of

Good



Summary of findings

patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with local mental health teams and staff had received dementia awareness training.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 (from 113 responses which is approximately equivalent to 1% of the patient list) showed the practice was performing in line with or higher than local and national averages in certain aspects of service delivery. For example,

- 71% of respondents described their experience of making an appointment as good (CCG average 70%, national average 65%)
- 72% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

In terms of overall experience, results were higher compared with local and national averages. For example,

- 93% described the overall experience of their GP surgery as good (CCG average 84%, national average 85%).

- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards, 13 of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. One comment card highlighted delays to being seen on time.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results for September 2015 to September 2016 from 491 responses showed that, 95% of patients were either extremely likely or likely to recommend the practice and 4% of responses said unlikely and 1% were unsure.

The Spinney Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to The Spinney Medical Centre

The Spinney Medical Centre is based in Thatto Heath near St Helens. There were 7130 patients on the practice register at the time of our inspection.

The practice is a training and teaching practice managed by four GP partners (two male, two female). There are four female salaried GPs. There is a nurse prescriber, a practice nurse and a healthcare assistant. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday except Wednesdays when the practice is closed between 12pm-2pm. The practice is open on Saturday morning between 8am-11.30am for both GP and nurse appointments. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service St Helens GP Rota.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations.

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. 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

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)

Detailed findings

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

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 23 September 2016.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. Staff told us they would complete a reporting form which was emailed to the practice manager for any incidents. The practice carried out a thorough analysis of the significant events. Significant events were discussed at staff meetings when the whole team were present to ensure learning from events was disseminated. However, incidents were not reviewed overall to identify any possible trends.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

There was a clear safety alerts policy and alerts were discussed at staff meetings. Staff were aware of recent safety alerts.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. 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 vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs had received level three child safeguarding training. Health visitors were invited to attend clinical meetings to discuss any concerns.
- A notice in the waiting room advised patients that chaperones were available 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).
- The practice was clean and tidy. Monitoring systems and cleaning schedules were in place for the premises, but not for clinical equipment. It was not clear what

cleaning equipment was used for treatment rooms and the mops used were dirty. There was information available to staff about cleaning materials used (COSHH- Control of Substances Hazardous to Health).

- One of the nurses was the infection control clinical lead and attended training events organised by the local infection control teams. They then cascaded information to other staff at staff meetings. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken and action plans were in place to address any shortfalls. There were spillage kits and appropriate clinical waste disposal arrangements in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and had medicines managers, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice also had safety netting systems in place to follow up patients who did not attend for medication reviews or were receiving too many prescription items. Emergency medication was checked for expiry dates. Blank prescription pads were securely stored and there were systems in place to monitor their use.
- There was a recruitment policy but this needed updating to show DBS checks were carried out for all staff with the exception of apprentices who had a risk assessment as to why they did not have a DBS check. We reviewed four personnel files and found 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 DBS.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire safety equipment tests and fire drills. Fire drills were carried out on a regular basis and were planned so that

Are services safe?

they were carried out in summer daylight and in the winter months when darker. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction. Two members of staff were fire Marshalls.

- 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Display screen risk assessments were completed for all staff who worked with a computer.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator and oxygen. We were shown the equipment was regularly checked. There were first aid kits and an accident book available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. New NICE guidelines were discussed at staff meetings.

There was a named GP for the over 75s and all these patients received a comprehensive geriatric assessment of their needs.

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

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had good systems in place to ensure they met targets and results from 2014-2015 were 100% of the total number of points available.

Performance for mental health related indicators was comparable or better than local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to local average of 92% and national averages of 88%.

Performance for diabetes related indicators was comparable or better than local 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 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 85% compared with a local average of 82% and national average of 78%.

The practice did have a high hypnotic medication prescribing rate and we were told plans were in place to work with medicines management teams to reduce this.

The practice carried out a variety of medication audits and clinical audits that demonstrated quality improvement. For example, the practice had carried out two cycle audits for asthmatic patients to ensure all had received a 12 month review and were on the correct medication to prevent hospital admissions.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. The practice had GP locums and locum induction packs were available.
- 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. Training included: safeguarding, fire safety awareness, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning. For example, one of the nurses had been supported to do a prescribing course.
- The practice is a teaching and training practice. In 2015 the practice was designated as one of six Enhanced Training Practices across Health Education North West and now coordinates all non-medical student university placements across four boroughs.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice carried out vaccinations and cancer screening and performance rates were comparable with local and/or national averages for example, results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 77% to 94% compared with CCG averages of 70% to 97%. Vaccination rates for five year olds ranged from 85% to 97% compared with local CCG averages of 91% to 98%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 82% compared to a national average of 82%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Receptionists were called 'patient care advisors'. There was a notice at the reception desk advising patients there was a room available if patients required to discuss anything in private. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey published in July 2016 (from 113 responses which is approximately equivalent to 1% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 88%, national average 87%).
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 85%).
- 81% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. 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 comparable or above 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 86% and national average of 86%.
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%)

Staff told us that telephone translation services were available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of 478 carers on its list. Information was available to direct carers to the various avenues of support available to them on the practice website and on a designated noticeboard in the waiting room. The practice had worked with the patient participation group to help identify carers who required additional support and had a carers' protocol in place. The practice sought to support carers by:

- Providing information and local authority resources and contact points
- Supporting carers with suitable appointment flexibility and understanding
- Care for the carer to enable them to maximise their own health and needs by providing health checks and advice.

Staff told us that if families had suffered bereavement, their usual GP visited them and sent a card. Information was also available on the practice website and in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Home visits were available for elderly patients.
- Urgent access appointments were available for children of any age and those with serious medical conditions.

There were a range of services available including:-

- Saturday morning flu clinics for vaccinations.
- INR clinic (for patients on anticoagulant medication)
- Visiting midwife
- Baby clinics
- Vaccinations and immunisations
- NHS Health checks
- Chronic disease clinics for example, diabetes management.

Access to the service

The practice is open 8am to 6.30pm every weekday except Wednesdays when the practice is closed between 12pm-2pm. The practice is open on Saturday morning between 8am-11.30am for both GP and nurse appointments. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service St Helens GP Rota.

Patient information was available on the practice website and the practice also utilised Facebook and twitter. Opening times were displayed and there was also a noticeboard with photographs of the clinical team. The practice was aware of the Accessible Information Standard and a notice in the waiting room highlighted what the practice did to ensure patient information was available for everyone. There was a hearing loop and translation services however, there was no easy read format information available.

Results from the national GP patient survey published in July 2016 (from 113 responses which is approximately equivalent to 1% of the patient list) showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 77% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 84%, national average 85%).
- 72% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 65% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).
- 71% of respondents described their experience of making an appointment as good (CCG average 70%, national average 65%).

However only 40% of patients got to see or speak to their preferred GP (CCG average 58%, national average 59%).

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, however there was no written information on how to handle emergency situations within the home visiting policy available. The practice manger assured us this would be addressed.

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 on the practice website. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

The practice had revised its complaints procedure. Prior to any response being sent to a patient, the response was reviewed by another member of staff to ensure complaints were managed appropriately.

The practice discussed complaints at staff meetings. All staff had been trained in customer services and conflict

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

resolution. We reviewed a log of previous complaints and found both written and verbal complaints were recorded and written responses included apologies to the patient and an explanation of events.

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 comprehensive business development plan for 2016-2019. Within the document, the practice described their aim was to provide 'high quality, current and accessible primary care to their patients and be a thoughtful and professional employer.' The practice had a set of five core values:-openness, fairness, respect, accountability and improvement.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and others' roles and responsibilities.
- Practice specific policies that all staff could access on the computer system. The practice used CQC' questions about safety, effectiveness, responsiveness, caring and well led as 'golden threads' in everything they did. However, they added an additional thread of education and development.
- Asked for an external review from their medical indemnity insurer. From 877 practices the practice was rated in the top 25% for leadership and teamwork, communications and reporting and learning. As a result of the review the practice had improved their systems in place. For example, the complaints process now required a second person with the same role to independently review any response to a complaint sent to a patient.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Staff meetings were at the heart of the clinical governance framework. There were weekly business operations meetings where patient access, skill mix, significant events, complaints and finance were discussed. There were monthly clinical meetings, full team meetings, practice nurse meetings and meetings with other health care professionals. In addition, the partners met on a six weekly basis.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place. Incidents and

complaints were discussed at whole staff meetings. Trends in complaints were analysed. However, further improvement could be made by analysing trends in incidents.

- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare. For example, the practice had carried out two cycle audits for asthmatic patients to ensure all had received a 12 month review and were on the correct medication to prevent hospital admissions.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

Leadership, openness and transparency

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The partners recognised the importance of supporting its staff in terms of working environment and work life balance. For example, staff worked around their child care arrangements. The environment was pleasant and the practice had bought each member of staff a new chair to work at their desks.

The practice was heavily committed to education and development as exemplified by having four GP registrars and four trainers and plans for an ST4 post with the CCG.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice was aware of and had systems in place 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). The partners encouraged a culture of openness and honesty. The practice had systems in place 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.

Are services well-led?

Outstanding



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

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

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

- There was an established PPG and the practice had acted on feedback. The practice proactively worked with the patient participation group to support patients, in particular carers. There was a 'care for carers' policy. The PPG had held educational sessions for patients and invited guest speakers. Educational sessions had included talks on such topics as Alzheimer's disease and we were told these were well received by patients. The practice had won the local Healthwatch's patient friendly award in 2016. The practice had also acted on other suggestions from the PPG. For example, making Facebook and twitter available to patients. This had been used when important information needed to be sent to patients.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice. Data from September 2015 to September 2016 showed that 95% of patients recommended the practice.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, one of the practice nurses had raised an issue with regards to how samples given into reception were monitored. As a result the practice had implemented new recording systems, so if there were any queries the sample request could be tracked.

Continuous improvement

The practice team took an active role in working with the clinical commissioning group (CCG). For example, the practice manager was the lead for practice managers in the CCG.

There was a focus on continuous learning. In 2015 the practice was designated as one of six Enhanced Training Practices across Health Education North West and coordinated all non-medical student university placements across four boroughs. Staff were encouraged in their careers. For example, the nurse had taken a prescriber's course as a result of discussions at appraisal. The practice was aware of not only the shortage of GPs nationally, but within the local area, and worked with local schools to provide career advice for students interested in medicine.

There were clear business plans in place following the 'GP Five Year Forward View' to becoming a federated practice.