

# Sina Health Centre

## Quality Report

230 Coppice Farm Way  
New Invention  
Willenhall  
West Midlands  
WV12 5XZ  
Tel: 01922 710027  
Website:

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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

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

### Detailed findings from this inspection

Our inspection team	9
Background to Sina Health Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

We completed a comprehensive inspection at Sina Health Centre on 1 October 2014. The overall rating for the practice is good. We found the practice to be good in the safe, effective, caring, responsive and well-led domains. We found the practice provided good care to people with long term conditions, families, children and young people, working age people, older people, people in vulnerable groups and people experiencing poor mental health.

Our key findings were as follows:

- Patients were protected from the risk of abuse and avoidable harm. The staff we spoke with understood their roles and responsibilities and there were policies and processes in place for safeguarding vulnerable adults and children.
- Patients received care and treatment which achieved good outcomes, promoted a good quality of life and was based on the best available evidence.

- Staff were caring and treated patients with dignity and respect.
- The practice was aware that improvements were needed to the appointments system for non-urgent appointments and had considered ways of improving the system.
- Systems were in place to support staff; training was generally available and relevant to each role.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were systems in place to monitor and improve quality.
- The practice proactively sought feedback from staff and patients and this was acted upon.
- The practice recognised the need to strengthen the process for recruitment of staff and made changes to their policy.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

# Summary of findings

- Consider how assurance of staff knowledge and competency is gained in relation to the Mental Capacity Act 2005. Review the staff group knowledge and understanding regarding the chaperone process to ensure it reflects the 2013 published General Medical Council (GMC) guidance for 'Intimate examinations and chaperones'.
- Further develop the Incident/significant event reporting, recording and monitoring process to ensure trends and lessons learnt are captured and shared internally, and where appropriate externally.
- Further develop the care planning process to support consistent care delivery.

**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. Policies and procedures were in place to ensure staff had the necessary knowledge and understanding in relation to safeguarding children and vulnerable adults.

Systems and processes were in place to ensure environmental, equipment and maintenance checks were in place.

Staff understood their responsibilities to raise concerns, and report incidents and near misses. Analysis of incidents to identify trends did not always take place. Lessons learnt were not always communicated to all staff to support continued improvement.

The role and responsibilities described by some staff did not reflect the 2013 published General Medical Council (GMC) guidance for 'Intimate examinations and chaperones' Since the inspection the practice manager has informed us that the role of the chaperone has been revised and the policy amended.

Good



### Are services effective?

The practice is rated as good for effective. People's needs were assessed and care was planned and delivered in line with current legislation. There were services available for the promotion of good health.

Staff have received training appropriate to their roles. The staff we spoke with told us that further training was identified and discussed during appraisals. Multidisciplinary working was evidenced.

Good



### Are services caring?

The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



### Are services responsive to people's needs?

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS England, the commissioners of the service, to secure service improvements where these were identified. Patient feedback reported that access to a named doctor for continuity of care was not always available quickly although urgent appointments were usually available the same day.

Good



# Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs.

There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.

## Are services well-led?

The practice is rated as good for well-led. The GP partners had a vision and a strategy for the continued delivery of good care and treatment however, this had not been formalised and not all staff were aware of this. There was a leadership structure and staff felt supported by management.

There were systems in place to monitor and improve quality and identify risks. The practice proactively sought feedback from staff and patients and this was acted upon. The practice had a patient participation group (PPG). PPGs are a group of patients who work alongside the practice to identify ways of further improving the service. Staff had received inductions, regular performance reviews and attended staff meetings and training.

**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. The practice offered proactive, personalised care to meet the needs of older people in its practice population and had a range of enhanced services, for example end of life care. The practice were taking part in a Clinical Commissioning Group (CCG) pilot scheme where the practice nurse completed home visits for patients whose age or fragility meant they were unable to access the practice. This was to monitor and support long term condition management and health checks.

Good



### People with long term conditions

The practice is rated as good for the population group of people with long term conditions. The practice nurse regularly reviewed the long term condition register to ensure patients were reminded when a review of their condition and treatment was required. Referral processes were in place for patients in this group that had required specialist support or deterioration in their health. The practice worked with other professionals to deliver a multidisciplinary package of care.

The practice was taking part in a Clinical Commissioning Group (CCG) pilot scheme where the practice nurse completed home visits for patients whose age or fragility meant they were unable to access the practice. This was to monitor and support long term condition management and health checks.

Good



### Families, children and young people

The practice is rated as good for the population group of families, children and young people. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises was suitable for children and babies. We were provided with good examples of joint working with midwives and health visitors.

Good



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

The practice is rated as good for the population group of the working-age population and those recently retired. The needs of the working age population, those recently retired and students were considered with early evening appointments being available. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

Staff knew their responsibility and could recognise signs of potential 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 and out of service hours.

Good



## People experiencing poor mental health (including people with dementia)

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The practice had referred patients experiencing poor mental health to a weekly clinic at the practice run by community services.

Good



# Summary of findings

## What people who use the service say

### What people who use the service say

During the inspection we spoke with eight patients who were visiting the practice. All were complimentary about the care and treatment they received from the doctors and nurses. The majority said that reception staff were helpful and polite.

Prior to the inspection we provided the practice with a comments box and cards inviting patients to tell us about their care. We received 37 responses all of which were positive in relation to their care and treatment. The feedback from patients confirmed that staff at the practice treated people with dignity and respect. They told us that generally appointments were available.

Four patients who provided feedback described difficulties in accessing appointments. This had also been reflected in the 2013 national patient satisfaction survey.

We spoke with a member of the patient participation group (PPG). PPGs are an effective way for patients and GP surgeries to work together to improve the service and to promote and improve the quality of the care. They told us that the management team were receptive to feedback from the PPG in order to look at ways to further develop and improve the service provided to patients.

## Areas for improvement

### Action the service **SHOULD** take to improve

Development of the Incident/significant event reporting, recording and monitoring process to ensure trends and lessons learnt are captured and shared internally, and where appropriate externally.

Further develop the care planning process to support consistent care delivery.

Consider how assurance of staff knowledge and competency is gained in relation to the Mental Capacity Act 2005. Review the staff group knowledge and understanding regarding the chaperone process to ensure it reflects the 2013 published General Medical Council (GMC) guidance for 'Intimate examinations and chaperones'.



# Sina Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector; the team included a GP and a second CQC inspector.

## Background to Sina Health Centre

Sina Health Centre is based in the Walsall Clinical Commissioning Group (CCG). The practice provides primary medical services to approximately 6700 patients in the local community.

On the day of our inspection the practice had three permanent GPs. Specialist areas covered by the GPs included cardiology, surgery and orthopaedic care. Additional staff included a practice manager, two practice nurses and a health care assistant. There were eight administrative staff who supported the practice. Two pharmacists also supported the practice twice a week.

The practice offered a range of clinics and services including asthma, diabetes, Chronic Obstructive Pulmonary Disease (COPD), Immunisations and Weight Management

The practice had opted out of providing out of hours services. This is provided by the Badger Group.

## 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 and treatment, we always ask the following five questions:

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

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

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

Prior to the inspection we reviewed a range of information we hold about the practice and asked other organisations

## Detailed findings

to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We carried out an

announced visit on 1 October 2014. During our visit we spoke with a range of staff including the practice manager, a nurse, administration support staff and we spoke with patients who used the service.

# Are services safe?

## Our findings

### Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as complaints received from patients. The staff we spoke with were aware of their role and responsibility for reporting concerns and incidents. Staff told us how they were supported to raise any concerns they might have and were able to explain the process for reporting those concerns. We saw examples of incidents reported by both clinical and non-clinical staff. There was no analysis of the information and data to identify potential trends. There was no formal process/system in place to record and share all significant events where lessons had been learnt to ensure that all staff had been made aware of any learning or actions required. The practice recognised the benefits to shared learning. Following the inspection the practice manager informed us they process had been revised to ensure important information was captured and shared amongst staff.

### Learning and improvement from safety incidents

There was a policy and a named lead for significant event/incident reporting. The practice had a system in place for reporting and recording significant events and incidents. The practice kept records of incidents that had occurred and these were made available to us. There were no formal analysis of incidents to evidence that potential trends had been identified and that lessons learnt had been shared internally, and externally, when appropriate. The practice manager gave examples of learning that had taken place and told us that the findings had been disseminated to relevant staff. We saw that a slot for significant events was on the monthly practice meeting agenda, there was insufficient information in practice minutes to demonstrate that lessons learnt had been shared amongst the staff group.

### Reliable safety systems and processes including safeguarding

We saw that training certificates were available which demonstrated that staff had received safeguarding training for both children and vulnerable adults appropriate to their role. For example all GPs had received level 3 safeguarding children training. Records of this were made available to us

and we asked members of medical, nursing and administrative staff about their most recent training. Staff knew their responsibilities regarding information sharing of safeguarding concerns and how to contact the relevant agencies in and out of service/practice hours. Contact details were easily accessible.

A chaperone can be present during intimate examinations and is an impartial observer who will be able to reassure the patient. We saw that the practice had a chaperone policy in place and formal training had been provided to staff. We spoke with staff members about chaperoning; there was inconsistency amongst staff in the understanding of their role and responsibility. The role and responsibilities described by some staff did not reflect the 2013 published General Medical Council (GMC) guidance for 'Intimate examinations and chaperones'.

We asked staff about the practice's policy for whistle blowing. This is a process which enables staff to raise concerns identified within the practice; this includes concerns of poor practice by colleagues. The staff we spoke with were aware of this process and were aware of their responsibility to raise any concerns they had.

### Medicines Management

Vaccines should be stored between 2 and 8 degrees Celsius to ensure their safety and effectiveness. We saw that temperature checks were completed daily to confirm vaccines had been stored appropriately. We saw that vaccines were securely stored in a lockable medication fridge. Medicines stored in the treatment rooms were also stored appropriately. Emergency medicines for cardiac arrest, anaphylaxis and hypoglycaemia were available and all staff we spoke with knew their location.

### Cleanliness & Infection Control

We looked at how infection prevention and control procedures were managed at the practice. There had been an annual infection control audit completed. Following the audit there had been an action plan developed. We saw that all of the required actions had been completed.

We observed the premises to be clean and tidy. We noted that the infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement infection control measures and to comply with relevant legislation.

### Equipment

# Are services safe?

The practice manager was responsible for ensuring all equipment was maintained and in good working order. We saw that the practice had contracts in place for the service, maintenance and calibration of equipment. We saw that portable appliance testing (PAT) was completed on electrical equipment on an annual basis; the last check was within the last 12 months. Routine environmental checks were in place, for example the fire system and water checks. The selection of records that we viewed confirmed that the equipment in the practice was safe to use.

In the event of an emergency we saw that appropriate equipment and medication were available, for example oxygen, emergency medicines and a defibrillator. This is a piece of life saving equipment that can be used in the event of a medical emergency. Checks were in place to ensure the equipment was in working order.

## Staffing & Recruitment

We saw that there was a recruitment policy in place. The policy did not include details of pre-employment checks that were required. Schedule 3 of the Health and Social Care Act 2008 details information required to be available in respect of people employed at the practice. This must include for example, a full employment history, references and documentary evidence of relevant qualifications. To ensure that the practice operated effective recruitment procedures we asked to see the personnel files for individual staff. Following the inspection the practice manager informed us that the policy for recruitment checks had been updated with immediate effect. We will review this at our next inspection.

There was an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave.

## Monitoring Safety & Responding to Risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included infection control, medicines management, staffing, dealing with emergencies and equipment.

There were appointments available each day for patients requiring an urgent appointment or home visits. These appointments were triaged by a clinician.

Arrangements to deal with emergencies and major incidents

A plan was in place to deal with emergencies that may disrupt the safe running of the practice. The plan covered business continuity for example in the event of a flood, fire, or loss of main services. Key contact numbers were available within the plan.

In the event of an emergency we saw that appropriate equipment and medication were available, for example oxygen, emergency drugs and a defibrillator. Checks were in place to ensure the equipment was in working order. The staff had access to an emergency call system to alert colleagues should an emergency situation arise, for example should a patient require immediate attention or staff were faced with a challenging situation. We looked at a selection of staff files and saw training certificates in basic life support and conflict resolution training. The staff we spoke with confirmed that they had received this training.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of their responsibility to stay updated regarding changes to guidelines. All clinicians we interviewed gave examples of how they accessed and kept up to date with national guidelines. We saw guidance on the procedure for the dissemination of patient safety alerts. We saw that following a medication alert the practice had identified and reviewed the medication and care for 54 patients in order to ensure that published guidance was followed.

The practice used computerised systems to identify patients with complex needs. Patients had their needs assessed, and care planned in accordance with best practice. Although care plans were available, the information we viewed did not always contain sufficient detail to ensure a consistent approach to care delivery.

We saw no evidence of discrimination when making care and treatment decisions. We saw examples of where the practice had referred patients appropriately to secondary and other community care services. We spoke to providers of community services, for example district nurses and community matrons, they told us that an appropriate referral process and correspondence were in place to support patients with continuity of care. Regular multi-disciplinary meetings were in place to discuss care delivery, treatment and support of patients, for example those receiving palliative care. The community services we spoke with said they were invited to attend when appropriate.

### Management, monitoring and improving outcomes for people

We found that people's care and treatment outcomes were monitored. The practice used the Quality and Outcomes Framework to assess its performance. The nurse showed us the process in place which was used to monitor patient reviews, for example those with long term conditions.

The practice had a system in place for completing clinical audit cycles. We saw two clinical audits that had been undertaken in the last 2 years. The practice were able to demonstrate that learning had taken place as a result of the findings. For example we saw a pharmacy led audit for February 2014 which was a Clinical Commissioning Group

(CCG) initiative. The audit looked at prescribing for patients with diabetes. The audit identified the benefits to patients having an additional blood test six months after the initiation of insulin. We saw a completed audit cycle for chronic kidney disease (CKD). The audit identified that appropriate monitoring was in place and there was no additional learning.

Although monthly team meetings were in place, the minutes did not show that the learning and results of audits were routinely shared with the clinical team. We did not see that clinical audits were routinely included in the appraisal process.

In order to manage and monitor the care delivery, treatment and support of patients, for example those receiving palliative care, regular multi-disciplinary meetings were in place. Community services involved in the care delivery of the identified patients were invited to attend. The community services we spoke with confirmed this.

### Effective staffing

The practice manager confirmed that all GPs had undertaken annual appraisals and had either been revalidated or had a date for revalidation in the near future. They also confirmed that all staff employed at the practice had been appraised in the last year and had identified their learning needs. We looked at the documentation for appraisals and found that they included minimal information and were not fully completed or signed. The staff we spoke with described competency assessments that had been completed, these were not recorded. We did not see that any poor practice or performance had been identified in the appraisal process.

There was an induction plan in place for new staff. The practice manager showed us a training matrix which included all completed staff training. The staff we spoke with said they were encouraged and supported to address learning needs.

### Working with colleagues and other services

We found that the practice worked with other service providers to meet patient's needs and manage complex cases. In order to manage and monitor the care delivery, treatment and support of patients, for example those receiving palliative care, regular multi-disciplinary meetings were in place. Community services involved in

# Are services effective?

## (for example, treatment is effective)

the care delivery of the identified patients were invited to attend. The community services we spoke with confirmed this. The practice has a policy for communicating with out of hour's services and other providers. The practice manager gave us an example of how essential information was shared when patients were receiving palliative care.

Blood results, X-ray results and letters from hospital, for example outpatients and discharge summaries were received electronically. The information was seen and actioned by a GP on the day they were received. A staff member told us that the GP reviewing the documentation and results was responsible for the action required. For example, they would record that the patient should be contacted and seen as clinically necessary.

### Information Sharing

The practice had systems in place to provide staff with the information needed to offer effective care. An electronic patient record, EMIS, was used by all staff to coordinate, document and manage patients' care. All staff were trained on the system, and commented positively about the system's safety and ease of use. An alert system was available within the system to ensure staff were aware of key information relevant to each patient.

This software enabled scanned paper communications, such as those from hospital to be cascaded to the appropriate clinician and saved in the system for future reference.

As part of the inspection process we spoke to providers of community services that worked alongside the practice, for example community matrons. They told us that the practice shared patient information with them appropriately and in a timely manner.

### Consent to care and treatment

There was a consent policy available. A GP told us about a specific case where capacity was in question; we saw that an appropriate referral for assessment had been made. There was no system in place to routinely consider and assess capacity within the practice. The staff we spoke with were aware of the importance of patient consent to care and treatment, although there had been no formal training or competency assessments to ensure that all staff were up to date with their knowledge in relation to the Mental Capacity Act 2005.

### Health Promotion & Prevention

It was practice policy to offer all new patients registering with the practice a health check with the health care assistant or practice nurse. The practice told us that NHS health checks were also available for patients aged 40 to 75.

The practice had systems in place to identify patients who may require additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities and all were offered an annual physical health check.

The practice identified the smoking status of 78% patients over the age of 16. Smoking cessation clinics were available to these patients. Similar mechanisms of identifying at risk groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs.

The practice offered a full range of immunisations for children and travel vaccines. Flu vaccinations were offered to all patients over the age of 65, those in at risk groups and pregnant women.

# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

Prior to the inspection we provided the practice with a comments box and cards inviting patients to tell us about their care and treatment. Thirty-seven patients completed CQC comment cards to provide us with feedback on the practice. All feedback from the comments cards in relation to respect, dignity, compassion and empathy was positive; patients confirmed that staff at the practice treated people with dignity and respect. We also spoke with eight patients on the day of our inspection. The majority told us they were treated respectfully by the staff.

We saw that consultations and treatments were carried out in the privacy of a consulting room. Privacy screens and curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The staff we spoke with were aware of their responsibility in relation to confidentiality when discussing patients' care, treatment and personal information. The practice telephones were located away from the reception desk which helped keep patient information confidential.

For consistency of care patients over the age of 75 had a named GP. Home visits were available for those whose age or fragility prevented them from attending the surgery.

Care planning and involvement in decisions about care and treatment

Staff told us that translation services were available for patients who did not speak English as their first language.

The patient survey information we reviewed showed 61% of practice respondents said that the GP involved them in care decisions and 72% felt the GP was good at explaining treatment and results. Both of these results were however, below the national average. The comments cards received did not contain any negative responses in relation to involvement in care. The practice were in the process of developing care plans for specific patient groups, for example those most at risk of an unplanned admission to hospital. Further consideration to how patients are involved with care planning and decisions about care and treatment was required to bring the survey results in line with the national average.

Patient/carer support to cope emotionally with care and treatment

Information leaflets and posters were available in the waiting room to support and signpost people to a number of support groups and organisations. There was also information available for carers. We saw that staff were reminded to ask and update patient's records if a patient was also a carer.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the service was responsive to people's needs and had systems in place for the care and treatment of the practice population. The needs of the practice population were understood and systems were in place to address identified needs. There was an effective triage system in place and all patients needing to be seen urgently were offered same-day appointments or a home visit. Telephone consultations were also available.

The practice had an active patient participation group (PPG) to help it to engage with a cross-section of the practice population and obtain patient views. We spoke with a representative of the PPG. They told us that a GP and practice manager attended all meetings. We were told the practice were receptive to feedback from the group. They gave examples of how the PPG had engaged with the practice to secure improvements to the service.

The practice had achieved and implemented the gold standards framework for end of life care. They had a palliative care register and had monthly multidisciplinary meetings to discuss patients and their families' care and support needs. The practice worked collaboratively with other agencies, regularly updated shared information to ensure good, timely communication of changes in care and treatment.

### Access to the service

Information was available to patients about appointments, in the practice leaflet and on the practice website. This included how to arrange urgent appointments and home visits. The practice was not open on a Thursday afternoon. We discussed this with the practice manager. They told us that an answer phone message directed patients to an alternative care provider to ensure they were able to access care during the day when the practice was closed. There were also arrangements in place for an out-of hours service. If patients called the practice out side of surgery hours , there was an answerphone message giving the telephone number they should ring. Information on the out-of-hours service was also provided to patients via the patient leaflet and website. However the information on the practice website was out of date.

Feedback via the national satisfaction survey regarding telephone access at the practice was positive, 80% of patients said they found it easy to get through on the telephone. Patients were less satisfied with the availability of appointments. This was also reflected in the comments posted on the NHS Choices website. Although patients expressed difficulty in booking advance appointments we saw that, if urgent, the patient could see a doctor on the same day if they needed. A GP and practice manager gave us examples of changes made in improving access for patients. This included the introduction of a regular locum GP. The practice recognised the need to continually review patient satisfaction particularly in relation to appointments. We will review this again at our next inspection.

The practice was situated on two floors of the building with the majority of services for patients on the ground floor. Lift access was provided to the first floor. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The practice were taking part in a Clinical Commissioning Group (CCG) pilot scheme where the practice nurse completed home visits for patients whose age or fragility meant they were unable to access the practice. This was to monitor and support long term condition management and health checks.

### Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their 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.

The practice had a system in place for handling complaints and concerns and there was a designated responsible person who handled all complaints in the practice. Details of how to make a complaint were included in the practice leaflet.

The practice had a system in place for recording and responding to complaints, copies were made available to us to demonstrate this. There were no formal analysis of complaints to evidence that lessons learnt had been shared amongst staff. The practice manager told us that



# Are services responsive to people's needs?

(for example, to feedback?)

complaints were discussed at the monthly practice meeting. There was insufficient information in the meeting minutes to confirm that lessons had been learnt and shared amongst the staff group.

# Are services well-led?

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

## Our findings

### Vision and Strategy

The practice manager and staff we spoke with articulated the values of the practice. All were confident and knowledgeable when discussing dignity, respect and equality. When speaking to the GPs, practice manager and staff the importance of quality was evident.

### Governance Arrangements

There were a number of policies and procedures in place in relation to governance at the practice. We looked at a selection of these policies and procedures. There was a system in place to confirm that staff had read and understood the policies, this task had not yet been completed as all policies had undertaken a review, staff sign off was planned. The policies and procedures we looked at had been reviewed and were up to date.

The practice did not hold separate governance meetings. The practice manager told us that governance arrangements, issues and updates were discussed at the practice monthly meetings. The minutes of the practice meetings that we looked at did not demonstrate this. The minutes from practice meetings did not demonstrate that risks were regularly discussed to ensure all staff were aware of potential risks. .

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. We saw that QOF data was regularly reviewed in order to maintain or improve outcomes.

The Practice had a system in place for completing clinical audit cycles. We saw that two clinical audits had been undertaken in the last 2 years. These completed audits demonstrated the learning taken place as a result of the findings.

### Leadership, openness and transparency

There was a leadership structure which had named members of staff in lead roles. For example a GP partner

was the lead for safeguarding. The members of staff we spoke with were clear about their roles and responsibilities. They all told us that they felt valued, well supported and knew who to go to in the practice with any concerns.

Practice seeks and acts on feedback from users, public and staff

The practice had gathered feedback from patients via patient satisfaction surveys and complaints. There was no system in place for patients to leave comments, for example a suggestion box. We looked at the results of the most recent annual patient survey and found only 61% of patients agreed that the experience of making an appointment was good. The staff we spoke with were fully aware of this and consideration had been given to how it could be improved.

The practice had an active patient participation group (PPG) to help it to engage with a cross-section of the practice population and obtain patient views. We spoke with a representative of the PPG. They told us that a GP and practice manager attended all meetings. We were told the practice were receptive to feedback from the group.

The staff we spoke with told us that there was an 'open door culture' at the practice and that they could raise concerns and give feedback where necessary. There was no formal process in place to gather feedback from staff, for example staff satisfaction surveys.

The practice had a whistle blowing policy which was available to all staff. The staff we spoke with were aware of this policy.

### Management lead through learning & improvement

A schedule of risk assessments and audits were in place, for example infection control. Where areas for improvement had been identified an action plan had been instigated.

The GPs and practice manager were aware of the areas in the national patient survey where the need for improvement had been identified. They discussed with us the consideration and actions identified to make improvements to the service.