Crossways Practice

Quality Report

168 Liverpool Road
Crosby
Liverpool
L23 0QW
Tel: 0151 293 0800
Website: www.ssphealth.com

Date of inspection visit: 19 May 2015 and 3 July 2015
Date of publication: 06/08/2015

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

This is the report from our announced comprehensive inspection of Crossways Practice on the 19 May and 3 July 2015.

We previously undertook a focused inspection at the practice in February 2015 in response to an issue of concern. We issued three Requirement Notices as a result of our findings and requested an action plan. A comprehensive inspection was then undertaken on 19 May 2015 when we could see that some improvements had been made. At the 19 May inspection the practice had not reached the final date for compliance against their action plan from the February inspection. We therefore carried out a further visit on 3 July 2016 to ensure the provider had met the Requirement Notices from February 2015. We are therefore reporting on both inspections within this one report.

Overall the practice is rated as good.

Our key findings were as follows:

- The provider had met the Requirement Notices and made improvements in quality assurance processes and supporting staff.
- Following a period of instability in staffing arrangements, the practice had recruited a permanent nurse and a GP who started work in June 2015. The practice was in the process of recruiting a practice manager.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding. Systems were in place to ensure medication including vaccines were appropriately stored and in date. The practice used a pharmacy advisor to ensure the practice was prescribing in line with current guidelines.
- A Local Medical Director had been recently appointed to oversee the clinical governance of the practice and was proactively encouraging the use of clinical audits to ensure patients received treatment in line with best practice standards.

Summary of findings

- Patients had their needs assessed in line with current guidance and the practice had a holistic approach to patient care.
- Feedback from patients and observations throughout our inspection highlighted the staff were kind, caring and helpful.
- The practice was responsive and acted on patient written formal complaints.

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

The provider should:

- Carry out a risk assessment to ascertain the need for a defibrillator for the practice.
- Consider staff feedback, and then communicate to staff what actions will be taken and when, to address concerns raised.
- Formulate a maintenance plan to improve the overall décor and fixtures and fittings within the practice identified in the external risk assessment carried out in March 2014.

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

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.

The practice had policies in place for safeguarding vulnerable adults and children and all staff had received training suitable for their role.

Are services effective?

Good

Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical staff were supported by a Local Medical Director who had implemented an agenda of audits to help improve standards of care for patients. Staff worked with multidisciplinary teams locally to ensure the best outcomes for patients. Staff had received training appropriate to their role and regular appraisals.

Are services caring?

Good

Feedback from patients about their care and treatment was positive overall but there were some concerns regarding the care received from locums. We observed a patient-centred culture. Some staff had worked at the practice for many years and understood the needs of their patients well.

Are services responsive to people's needs?

Good

The practice reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Information about how to complain was available and learning points from complaints were discussed in practice meetings. The practice did not offer extended hours access but had improved access for urgent care for children.

Are services well-led?

Good

The practice was supported by staff from SSP Health Ltd.'s head office in terms of administration so the practice staff could concentrate on providing clinical care. Staff were clear about the values of the practice being patient centred. The practice sought feedback from patients, which it acted on. Staff had received 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 offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, the avoidance of unplanned admissions scheme. All patients who were identified on this service had completed care plans in place. The practice had a designated named GP for patients who are 75 and over. The practice carried out home visits and also visited care homes in the area.

People with long term conditions

Good

The practice continuously contacted these patients to attend annual reviews to check that their health and medication needs were being met. The practice had adopted a holistic approach to patient care rather than making separate appointments for each medical condition. The practice offered appointments up to 45 minutes to ensure patients with multiple needs were seen.

Families, children and young people

Good

One GP was the safeguarding lead for the practice. There were systems in place to identify and follow up children living in disadvantaged circumstances.

The midwife visited the practice once a week and there were immunisation clinics. The practice had an 'early years' fact sheet to provide information for example on immunisations. The practice had developed an 'Access for Children' policy to ensure that all children under five could be seen on the same day if required.

Working age people (including those recently retired and students)

Good

The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice offered telephone consultations instead of patients having to attend the practice. The practice offered online prescription ordering and online appointment services.

People whose circumstances may make them vulnerable

Good

A benefit of being a small practice was that staff knew patients and their families well and arranged appointments to suit patients' needs. The practice used a system of placing alerts on patients' records to highlight if they were carers. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Summary of findings

People experiencing poor mental health (including people with dementia)

The practice referred patients to the appropriate services. The practice maintained a register of patients with mental health problems in order to regularly review their needs or care plans.

Mental Capacity Act training was available to all staff and SSP Health Ltd had also disseminated information regarding Deprivation of Liberty Safeguards to all its practices.

Good 

Summary of findings

What people who use the service say

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection on 19 May 2015.

We received 21 comment cards and spoke with two patients on 19 May 2015. Many comments received indicated the staff team were very caring. However there were several negative comments (four) regarding the use of a high number of locums.

For the practice, our findings were in line with results received from the National GP Patient Survey. For example, the latest National GP Patient Survey results from July 2015, 78% of patients described their overall experience of this surgery as good (from 113 responses) which is in line with the local average of 79% but lower than the national average of 85%.

Results from the National GP Patient Survey also showed that 86% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to a local average of 91%.

Seventy nine percent of respondents find it easy to get through to this practice by phone compared with a local average of 65%**.** Eighty six percent of respondents were able to get an appointment to see or speak to someone the last time they tried which is higher than the local average of 81%**.**

We also saw results from the Friends and Family Test which were equally divided as to whether patients would recommend the service or not.

Areas for improvement

Action the service SHOULD take to improve

- Carry out a risk assessment to ascertain the need for a defibrillator for the practice.
- Consider staff feedback, and then communicate to staff what actions will be taken and when, to address concerns raised.
- Formulate a maintenance plan to improve the overall décor and fixtures and fittings within the practice identified in the external risk assessment carried out in March 2014.

Crossways Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. Our inspection on 19 May was carried out by a CQC Lead Inspector and another CQC inspector. The team also included a GP specialist advisor and a practice manager specialist advisor and a CQC clinical GP advisor. The inspection on 3 July 2015 was carried out by a CQC lead inspector.

Background to Crossways Practice

Crossways Practice is located in a residential area of Crosby, Merseyside. There were 2674 patients registered at the practice at the time of our inspection on 19 May 2015.

The practice has one female salaried GP, a Healthcare Assistant, and reception and administration staff. The practice also employs locum GPs and agency practice nurses. The practice had recruited a permanent nurse and a GP since our inspection in February 2015. The practice is in the process of recruiting a practice manager.

The practice is open 8.00am to 6.30pm Monday to Friday. The practice does not offer extended hours opening. Patients requiring a GP appointment outside of normal working hours are advised to contact an external out of hours service provider (Urgent Care 24). Crossways Practice is an Alternative Provider Medical Services general practice (APMS).

We previously undertook a focused inspection in February 2015 in response to concerns we received. We issued three Requirement Notices as a result of our findings and requested an action plan. Requirement Notices were issued in relation to: governance (Regulation 17); supporting staff (Regulation 18); and failing to notify us of a police incident (Regulation 18 (CQC Registration Regulations 2009).

A comprehensive inspection was then undertaken on 19 May 2015 when we could see that some improvements had been made. At the 19 May inspection the practice had not reached the final date for compliance against their action plan from the February inspection we therefore carried out a further visit on 3 July 2016 to ensure the provider had met the Requirement Notices from February 2015.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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?

Detailed findings

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

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 19 May 2015. We spoke with a range of staff including two GPs, the practice health care assistant, reception staff, two Regional Managers, the Head of HR and Head of Data Quality and the Local Medical Director for SSP Health Ltd on the day. We sought views from patients and looked at comment cards and reviewed survey information.

We carried out a further inspection on 3 July 2015, and spoke with a GP, three members of administration staff, two Regional Managers, the Local Medical Director and the Chief Operating Officer for SSP Health Ltd.

Good

Are services safe?

Our findings

Safe track record

There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of these significant events and this also formed part of GPs' individual revalidation process.

Learning and improvement from safety incidents

The practice held staff meetings at which significant events were a standing item on the agenda and were discussed in order to cascade any learning points. We saw minutes from meetings whereby an annual summary of significant events was discussed.

We viewed documentation which included details of the events, details of the investigations, learning outcomes including what went well and what could be improved. We saw that information from patient complaints were also incorporated into significant event findings. We looked at a list of significant events including one regarding a vaccination fridge failure and saw that appropriate new protocols and equipment had been put in place to prevent reoccurrence.

The practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw evidence that the practice carried out full cycle audits in relation to alerts for example a Domperidone audit had been carried out.

Reliable safety systems and processes including safeguarding

The practice had policies in place for safeguarding vulnerable adults and children which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

All staff had received safeguarding children training at a level suitable to their role, for example the GPs had level three training. Staff had also received safeguarding vulnerable adults training and understood their role in reporting any safeguarding incidents. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

The practice had a computer system for patients' notes and there were alerts on a patient's record if they were identified as at risk.

The health care assistant and reception staff acted as chaperones if required and a notice was in the waiting room to advise patients the service was available should they need it. Staff had received training to carry out this role and had received a disclosure and barring service (DBS) check.

Medicines management

The practice worked with pharmacy support from the local clinical commissioning group (CCG) and in addition SSP Health limited had their own pharmaceutical advisor. Regular medication audits were carried out with the support of the pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

The practice had one fridge for the storage of vaccines. The health care assistant took responsibility for the stock controls and fridge temperatures. We looked at a sample of vaccinations and found them to be in date. There was a cold chain policy in place and fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medications were in date and there were enough available for use.

Emergency medicines such as adrenalin for anaphylaxis were available. These were stored securely and available in the treatment room. The health care assistant had overall responsibility for ensuring emergency medicines were in date and carried out monthly checks. All the emergency medicines were in date.

Prescription pads were securely stored and systems were in place to monitor their use.

Cleanliness and infection control

Comments we received from patients indicated that they found the practice to be clean. Treatment rooms had hand washing facilities and personal protective equipment (such as gloves) was available. However the taps in the nurse's treatment room were not in good condition and were not elbow operated taps which help reduce the spread of infection. Hand gels for patients were available throughout the building. Clinical waste disposal contracts were in place.

Good

Are services safe?

We were told the practice nurse was the designated clinical lead for infection control. There was an infection control protocol in place and staff had received up to date training.

The practice took part in annual external audits from the local community infection control team and acted on any issues where practical. The last external audit available to us was from 2013 in which the practice had scored 98% compliance. The practice had carried out Legionella risk assessments and regular monitoring.

Equipment

All electrical equipment was checked to ensure the equipment was safe to use.

Clinical equipment in use was checked to ensure it was working properly. For example blood pressure monitoring equipment was annually calibrated. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was in good working order.

We saw several items of electrical equipment on the premises which had 'do not use signs on them'. This included one large fridge, a smaller fridge and a cooker in the downstairs kitchen area which could be removed.

Staffing and recruitment

The practice has one female salaried GP, a healthcare assistant, and reception and administration staff. The practice was also using locum GPs and agency practice nurses. The practice had recruited a permanent nurse and a GP. Practice staff we spoke with wanted to have a practice manager in place. The practice was in the process of recruiting a practice manager. Non clinical staff were supervised by a Regional Manager at the time of our inspection visits. The practice was also supported by SSP Health Ltd office staff. SSP Health Ltd utilise other staff from nearby practices if there are any unexpected shortfalls in reception and administration staff.

All relevant staff working at the practice had received a DBS check to ensure they were suitable to carry out their role. Many staff had been employed by the practice for a number of years.

At our previous visit in February 2015, we found that the provider had failed to provide suitable practice level recruitment checks for new GP locums and practice nurses working at the practice as per its practice policy. We issued a Requirement Notice in relation to governance systems in relation to recruitment.

At the 3 July inspection, the practice had updated its 'Locum Appointment Protocol' and a new procedure was in place to ensure all new locum GPs had their identity checked. This involved staff requesting original ID which was photocopied and kept on file. If any staff had concerns they had specific instructions on who to contact. We spoke with three administration staff who confirmed this process was now in operation and saw a file of all checks done. Quality assurance monitoring checks were then carried out weekly and monthly by the Regional Manager and further random monthly checks were carried out by the head office of SSP Health Ltd. A copy of the new Locum Appointment Protocol had been sent to all GP locum agencies and was also available as part of the appendices to an updated version of a locum information pack.

Monitoring safety and responding to risk

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available for all staff and a health and safety poster was located in the upstairs office. The practice had up to date fire risk assessments and management plans in place and had recently carried out a fire drill. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as legionella testing and control of substances hazardous to health.

Whilst we saw documentation to evidence that there had been maintenance checks, the premises were in need of some attention in some areas with regards to the décor and cracks in some glass. In addition, there was an unexplained odour in one of the downstairs consultation rooms. Staff told us this had been an on-going problem and was being investigated. We saw a health and safety risk assessment for the environment that had been carried out in March 2014. This assessment identified the need for redecoration and improvement but a maintenance plan had not been put in place.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment

Good

Are services safe?

room. The practice had recently purchased oxygen complete with tubing and adult masks but a children's mask was not available. The practice had not carried out a risk assessment to establish if an onsite defibrillator was needed.

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 but we found staff were not necessarily aware of the plan or its content. They told us they would contact the Regional Manager in the event of a major incident.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Once patients were registered with the practice, the health care assistant carried out a full health check which included information about the patient's individual lifestyle as well as their medical conditions. The health care assistant referred the patient to the GP when necessary.

The practice carried out assessments and treatment in line with best practice guidelines. There were no practice systems in place at our visit 19 May 2015 to ensure all clinical staff were kept up to date with for example NICE guidance. We saw minutes from a clinical governance meeting where suggestions to address this had been discussed between GPs and the Local Medical Director and at our further visit 3 July, arrangements for clinical information dissemination had been implemented.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register.

The practice took part in the avoiding unplanned admissions scheme. Care plans were in place for these patients but reviews had not yet been carried out.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs 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. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. The practice had constantly increased its QOF score year on year and their current results were 99% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets.

All GPs and nursing staff were involved in clinical audits. Examples of completed audit cycles included, antimicrobial prescribing to reduce the risk of patients acquiring Clostridium Difficile infections; anticoagulant audits; high risk medication audits and antipsychotic prescribing for patients with dementia. We could see a plan of scheduled audits in place and audits were revisited. In addition the Local Medical Director cascaded the results to the GPs and ensured that locum GPs also received the information. Audit results showed that the practice scored very highly in terms of meeting recognised professional standards. Two audits we reviewed showed that further blood tests were arranged for patients to improve their treatment regime.

Effective staffing

At our previous visit in February 2015, we found that the provider had failed to provide suitable induction support for new GP locums and practice nurses working at the practice as per its practice policy. We issued a Requirement Notice in relation to supporting staff. We carried out an inspection 3 July to check the provider was compliant with the Requirement Notices. At this inspection, the practice had updated its locum induction pack and added more detail to reflect the specific arrangements of the practice that were relevant to the locum GPs. Attached to the pack were important policies for GPs to refer to including the safeguarding policy. We could see that the pack was constantly checked and had been updated when new policies or procedures had been implemented during the course of the past few months. We spoke with a GP who confirmed they had received the pack. We also spoke with administration staff who confirmed that any new GP was introduced to staff, shown fire exits and given instructions about the pack. The new GPs had to sign for the pack.

The practice had also implemented a system whereby any concerns about a GP locum's performance could be recorded by staff and sent to their manager or head office.

The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.

Staff received training that included: -safeguarding, fire procedures, chaperone training and basic life support and information governance awareness. Staff also had access to e-learning training modules. The GPs were further supported by a Local Medical Director who arranged clinical meetings to discuss any improvements to the practice.

Good

Are services effective?

(for example, treatment is effective)

All staff received annual appraisals and we reviewed three staff files which demonstrated that personal development plans were in place and training needs were discussed.

All GPs were up to date with their yearly continuing professional development requirements and they had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS

England). There were annual appraisal systems in place for all other members of staff.

Working with colleagues and other services

At our inspection 19 May 2015, incoming mail such as hospital letters were scanned onto patient notes by reception staff. There was no practice level policy guidance for staff in regard to the management of hospital letters that required a change in prescriptions for patients. We were told by all staff that the decision was made by a non-medically trained member of staff as to whether the letter needed to be seen by a GP. All staff were concerned about this arrangement. There was a potential risk of important clinical information not being relayed to the GP in a timely manner. We raised this with the management team available on the day. The Regional Manager informed us that previously it had been the responsibility of the practice nurse who had left and they had just taken on a new practice nurse. We were assured by the Local Medical Director that the systems in place would be reviewed. At our further inspection on 3 July 2015, a new practice policy ('Incoming Post Policy') had been introduced whereby all incoming hospital letters were read by a clinician. The policy incorporated several checks to be made by staff and was to be audited monthly and evaluated to ensure the system was practical. We spoke with staff who confirmed this arrangement was now in place.

Information sharing

Systems were in place to ensure information regarding patients was shared with the appropriate members of staff. Individual clinical cases were analysed at a team meeting as necessary. For example, the practice in conjunction with community nurses and matrons held regular Gold

Standard Framework (GSF) meetings for patients who were receiving palliative care. We saw minutes from these meeting and also a schedule of the planned meetings for the next six months.

The practice operated a system of alerts on patients' records to ensure staff were aware of any issues for example alerts were in place if a patient was a carer.

Consent to care and treatment

We spoke with the GPs about their understanding of the Mental Capacity Act 2005 and Gillick guidelines. They were aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Mental Capacity Act training was available to all staff and SSP Health Ltd had also disseminated information regarding Deprivation of Liberty Safeguards to all its practices.

We saw that consent forms were available for cytology and immunisations such as the flu vaccination.

Health promotion and prevention

The practice had a variety of patient information available to help patients manage and improve their health. There were health promotion and prevention advice leaflets available in the waiting rooms for the practice including information on dementia. The practice worked pro-actively with the local Alcohol Support Team and smoking cessation clinics.

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. Some staff had worked at the practice for many years and knew their patients well. The majority of CQC comment cards we received indicated that patients found staff to be helpful, caring, and polite and that they were treated with dignity. However there were several negative comments (four) regarding the use of a high number of locums.

Results from the National GP Patient Survey (from 106 responses) were in line with our findings. 78% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to a local average of 83% and 80% said the last GP they saw or spoke to was good at listening to them compared to a local average of 87%.

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 and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey showed that 79% said the last GP they saw or spoke to was good at explaining tests and treatments and 75% said the last GP they saw or spoke to was good at involving them in decisions about their care which was lower than the local and national averages of 87-89%. Seventy nine percent of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care which was lower than the local and national averages of 85%.

Patient/carer support to cope emotionally with care and treatment

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients who had been bereaved were contacted to see if they required any additional support.

There was supporting information to help patients who were carers in the waiting room. The practice also kept a list of patients who were carers and alerts were on these patients' records to help identify patients who may require extra support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was in the process of establishing a Patient Participation Group (PPG). At the time of our inspection the practice had received very little response to this initiative. We saw that the Regional Manager had advertised the PPG availability in the waiting room and was considering setting up a virtual group as well as meetings at the practice. The practice sought patient feedback by a variety of other means such as utilising a suggestions box in the waiting room, having an in-house patient survey and utilising the Friends and Family test.

We saw that the practice acted on patient feedback. One example of this was in response to comments received from patients that some were unable to manage the stairs to access the treatment room upstairs when they had appointments with the nurse. In response to this the practice had put alerts on patient records so that alternative arrangements could be made in advance in these circumstances.

Tackling inequity and promoting equality

The building had appropriate access but limited facilities for disabled people but we did see patients who had wheelchairs accessing the service with assistance. There was a hearing loop available and staff could access translation services if needed. A benefit of being a small practice was that the staff knew their patients well and could address their needs. We were given examples of how patients who were visually impaired were looked after and supported by reception staff.

The practice had an equal opportunities and anti-discrimination employment policy which was available to all staff on the practice's computer system.

Access to the service

The practice was open between 8.00am to 6.30pm Monday to Friday. The practice operated a mixture of pre-bookable, same day and emergency appointments. Appointments could be booked up to two weeks ahead. Telephone consultations and home visits were available.

The practice had also introduced an 'Access for Children' policy to ensure that children under five were given priority access.

The number of GP appointments was reviewed quarterly and the practice had introduced a system whereby patients could cancel their appointments by text to reduce wasted appointments.

Results from the GP national Patient survey showed 79% of respondents found it easy to get through to this surgery by phone which was much higher than the local average of 65%. Eighty six percent of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a local average of 81%**.**

Listening and learning from concerns and complaints

The practice had a complaints policy in place and information about how to make a complaint was available both in the waiting room and within the practice leaflet and website. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

We looked at a review of an annual summary of formal complaints received by the practice from April 2014 to March 2015. Complaints were broken down into twelve different categories such as whether the complaint was a clinical issue or about staff attitude in order to identify any trends. The review outlined whether patients' complaints had been dealt with in an appropriate timescale and highlighted whether the patient was happy with the outcome of the complaints process and there was a good audit trail of information. We saw there had been a total of five formal complaints in this period; four of which had been appropriately managed and one was still under investigation. Complaints were discussed at staff meetings so that any learning points could be cascaded to the team.

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

We did not see any overall strategy plan for the practice. Staff told us the practice was patient centred. Many of the staff had been working at the practice for many years and knew their patients well.

SSP Health limited provided the administrative support to allow the practice to focus on patient care.

Governance arrangements

There was a clinical governance policy in place. SSP Health Ltd had a range of policies and procedures which were available to all staff on the practice's computer system. The policies included a 'Health and Safety' policy and 'Infection Control' policy. All the policies were regularly reviewed and in date and staff we spoke with were aware of how to access the policies. However at our previous inspection in February 2015 we were concerned that policies and procedures documented by SSP Health Ltd were not always being implemented at practice level and we issued a Requirement Notice in relation to governance.

We carried out a further inspection 3 July to check the provider was compliant with the Requirement Notices which had been issued in February 2015. Across the May and July inspections we could see improvements had been made to meet the Requirement Notices which included the following:-

- An 'organisational guidance pathway' for all staff to refer to if they needed to contact managers from the head of office of SSP health Ltd.
- A recently appointed Local Medical Director to oversee the clinical governance of the practice to ensure best practice was followed.
- Clinical governance meetings in which clinical audits and continuous improvements were addressed.
- Updated policies and procedures in response to the concerns we identified at the inspection in February 2015 and May 2015.
- Training of staff to follow any new procedures.
- An increase in the quality assurance procedures to ensure the full implementation of new procedures. This included comprehensive checks carried out by the Chief Operating Officer for SSP Health Ltd, monthly checks carried out by the Regional Manager and random sample checks done by head office. For example, there were now monitoring checks done for all new GP locums working at the practice. Checks included: ID checks, signing for locum induction packs. Performance audits covering consultations and appropriate referrals were also carried out monthly.
- A process of evaluation whereby any new procedure was reviewed to check the practical feasibility of the procedure.

Leadership, openness and transparency

Staff told us that managerial presence had been increased in the weeks prior to the inspection and the staff welcomed the additional input. The appointment of the Local Medical Director provided clinical leadership.

The practice had a protocol for whistleblowing and staff we spoke with were aware of what to do if they had to raise any concerns. All staff we spoke with told us they felt listened to by the Regional Manager if they needed to discuss any concerns. However, we found that although staff said they were being listened to, and we saw evidence that management had made some efforts to gain views to see what concerns there were, it was not always made clear to staff what action would be taken to address their concerns and there was a communication gap.

The practice should continue to gain staff feedback and act on any concerns and communicate to staff what actions will be taken and when to address their concerns raised.

Practice seeks and acts on feedback from its patients, the public and staff

Results of surveys and complaints were discussed at staff meetings.

The practice reception staff encouraged all patients attending to complete the new Friends and Family Test as a method of gaining patients feedback. There was also a suggestions box available at reception.

More meetings with staff had been taking place since our last inspection in February 2015 such as the introduction of clinical governance meetings to discuss audits systems and processes.

Management lead through learning and improvement

Are services well-led?

Good

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

The appointment of the Local Medical Director was welcomed by staff. The practice was making greater use of audits and the results of these were to be cascaded to all staff including locum GPs to ensure the practice learnt from any issues arising and were following best practice guidelines.

All staff received annual appraisals and had personal development plans in place. The GPs were all involved in revalidation, appraisal schemes and continuing professional development.