

# Park View Medical Centre

## Quality Report

Orphan Drive  
Liverpool  
L67UN  
Tel: 0151 330 8929  
Website: [ssphealth.com](http://ssphealth.com)

Date of inspection visit: 10 August 2015  
Date of publication: 15/10/2015

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

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	7

### Detailed findings from this inspection

Our inspection team	8
Background to Park View Medical Centre	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

## Overall summary

We carried out an announced comprehensive inspection at Park View Medical Centre on the 10 August 2015. Overall the practice is rated as good.

Our key findings were as follows:

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- The practice was clean and tidy.
- The practice used their own pharmacy advisor to ensure the practice was prescribing in line with current guidelines. They carried out regular monitoring and audits of high risk medications.
- The practice nurse proactively sought to educate their patients to improve their lifestyles by having regular invites to patients for health assessments providing advice for smoking, diet and exercise.
- Patients spoke highly about the practice and the whole staff team. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice does not currently have a patient participation group (PPG) but they sought to attract members and aim to set up a PPG for the practice.
- Information about services and how to complain was available and easy to understand.
- 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.

### Letter from the Chief Inspector of General Practice

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated within the practice to support improvement. It was acknowledged there had been a low number of records of incidents which the newly appointed practice manager had already identified with the provider. They had taken action to raise awareness and introduced training specifically for significant events for all staff within the practice. The premises were clean and tidy. Safe systems were in place to ensure medication including vaccines were appropriately stored and were well managed. There were sufficient numbers of staff.

Good



### Are services effective?

The practice is rated as good for providing effective services. The practice monitored its performance data and had systems in place to improve outcomes for patients. Staff routinely referred to guidance from National Institute for Health and Care Excellence (NICE.) Patients' needs were assessed and care was planned and delivered in line with best practice and national guidance. Clinical staff were supported by the provider's Local Medical Director. Training records had not been updated to include all staff to establish what training updates were needed for clinical staff. Staff worked well with multi-disciplinary teams.

Good



### Are services caring?

The practice is rated as good for caring. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity, and that staff were caring, supportive and helpful. Patients were provided with support to enable them to cope emotionally with care and treatment. Some staff had worked at the practice for many years and understood the needs of their patients well.

Good



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

The practice is rated as good for providing responsive services. It reviewed the needs of the local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patient's views about difficulties in accessing different locum doctors had resulted in recent improvements by the practice as they had identified various actions to help show increased patient satisfaction. They had firm commitments from two locum doctors to work long term at the

Good



# Summary of findings

practice to offer more continuity for patients. Information about how to complain was available and easy to understand. There had been a low number of recorded complaints. The practice manager identified actions with her staff to develop a process for recording any verbal complaints to help establish any patterns or trends.

## Are services well-led?

The practice is rated as good for being well led. There was a leadership structure and staff felt supported by management. The practice had a large number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice was supported by staff from the provider's head office in terms of administration, human resources, clinical support via their Local Medical Director and overall governance by their governance team. The Local Medical Director had recently started to provide clinical meetings to share best practice and to review clinical governance with the clinical team. Regular meetings identified by the practice manager and regular clinical meetings with the Local Medical Director will help to show sustainable evidence of improved communication and governance within the practice as they had only recently started in the last month. The practice were attempting to encourage more patient participation to seek their feedback

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 was knowledgeable about the number and health needs of older patients using the service. The practice had identified patients at risk of unplanned hospital admissions and had developed a care plan to review them on a regular basis. The practice staff met with the district nursing team on a regular basis (for Gold standard meetings. This is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life.) The practice carried out home visits and also visited care homes in the area.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment and screening programmes. 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 with the practice nurse for up to 60 minutes to ensure patients with multiple needs were seen.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto a patient's electronic record when safeguarding concerns were raised. Regular liaison took place with the health visitor to discuss any children who were identified as being at risk of abuse. The practice had a good uptake rate for child 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.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this group had been identified and the practice had adjusted the

Good



# Summary of findings

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. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns.

## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. All staff were trained and knowledgeable about safeguarding vulnerable patients and had access to the practice's policy and procedures and had received guidance in this.

**Good**



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 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. The practice staff liaised with other healthcare professionals to help engage these patients to ensure they attended reviews. Mental Capacity Act training was available to staff and the provider had also disseminated information regarding Deprivation of Liberty Safeguards.

**Good**



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published on January 2015 showed the practice was performing in line with local and national averages and in some areas exceeding those averages. There were 439 survey forms distributed for Park View Medical Centre and 97 forms were returned. This is a response rate of 22.1%. The results indicated the practice could perform better in certain aspects around discussions with GPs and in the waiting times for appointments. For example:

- 81% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 88.8% and a national average of 86.3%.
- 79.1% said the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 85.3% and a national average of 81.5%.
- 46.4% of respondents said they usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62.5% and a national average of 65.2%.
- 40.1% said they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 57.8%.

The practice scored higher than average in terms of patients' appointments with nurses, accessing appointments, getting to see their preferred GP and finding the receptionists helpful. For example:

- 86.1% said the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 87.6% and a national average of 85.1%.

- 68.5% of respondents who had a preferred GP usually get to see or speak to that GP compared with a CCG average of 59.3% and a national average of 60.5%.
- 97.2% said the last nurse they saw or spoke to was good at listening to them compared with a CCG average of 92.2% and a national average of 91%.
- 95.6% find the receptionists at this surgery helpful compared with a CCG average of 88.3% and a national average of 86.9%.
- 100% find it easy to get through to this surgery by phone CCG average of 76.3% and a national average of 74.4%.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 36 comment cards and spoke with three patients. Out of 39 comments, 37 patients indicated that patients found the staff helpful, caring, polite and they described their care as very good. Patients told us that doctors and nurses were very good and they felt safe in their care, they were happy with the standard of care provided and they were very complimentary about the reception team. Patients were very positive about the service they received from the practice. The majority of patients were happy with appointments, two comments related to finding problems accessing the telephone appointments and waiting times.

We also saw results from the Friends and Family Test which is a national survey that asks whether patients would recommend the service or not. Results were based on the responses of 31 patients for July 2015. They showed that, 77% of patients were extremely likely to and likely to recommend the service.

# Park View Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP and practice manager specialist advisors and a second CQC inspector.

## Background to Park View Medical Centre

Park View Medical Centre is based in Tuebrook a residential area within Liverpool. There were 3329 patients on the practice list at the time of our inspection. The provider is SSP Health Limited.

The percentage of patients with health-related problems in daily life for this practice was 70.5% compared to the practice average across England of 48.8%. The practice was in an area that had identified high levels of deprivation.

The practice has one male salaried GP, a practice nurse, a recently appointed practice manager and reception and administration staff. The practice also has two locum GPs who had committed to the provider to long term placements at this practice.

The practice is open Monday to Friday from 8am to 6.30pm. Patients requiring a GP appointment outside of normal opening hours are advised to contact an external out of hours service provider called UC24.

The practice has an Alternative Provider Medical Services (APMS) contract. In addition the practice carried out a variety of enhanced services such as: shingles vaccinations and avoiding unplanned admissions to hospital.

## 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?

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)

# Detailed findings

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 10 August 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.

Reviewed various documentation including the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record

Liverpool Clinical Commissioning Group (CCG) reported no concerns to CQC about the safety of the service. The practice used a range of information to identify risks and improve patient safety. 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 to identify any trends. The practice had a low number of recorded incidents. The practice manager had identified low levels of recording of events and complaints and had developed an action plan to raise awareness with staff, including training in June 2015 covering significant events. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and could access information about events through their intranet systems.

### Overview of safety systems and processes

The practice could demonstrate safe management for risks, safeguarding, health and safety including infection control and staffing.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP had attended safeguarding meetings on a regular basis over the last six months showing improvements to engagement with other agencies. Staff demonstrated they understood their responsibilities in keeping patients.
- A notice was displayed in the clinic rooms, advising patients that nurses would act as chaperones, if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) Recent training for chaperoning had taken place to extend the numbers of staff to be made available to assist with chaperoning. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Services (DBS) check.

These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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. 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 and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Comments we received from patients indicated that they found the practice to be clean. The practice nurse was the infection control lead. There was an infection control protocol in place and staff had received up to date training. The practice took part in external audits from the local community infection control team and the practice received an infection control inspection via CCG staff the following day of inspection. The practice also carried out their own infection control audits and acted on any issues where practical. The practice had carried out Legionella risk assessments and regular monitoring.
- 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 worked with pharmacy support from the local CCG. The provider also had their own pharmaceutical advisor who visited the practice and carried out regular medication audits to ensure the practice was safely prescribing in line with best practice guidelines. We looked at a sample of vaccinations and found them to be in date. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a

## Are services safe?

potential failure. 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.

- Our CQC GP SPA reviewed the data for the use of antibiotics and high risk medications such as benzothiapines with clinical staff at the practice. The provider acknowledged the practice had been above national rates in their use of such medication. They used this data as part of their 'baseline audits' when they took over the practice 2.5 years ago. The data used and monitored over 2.5 years by the provider showed that the trend was down from the time of the provider taking over the management of the practice and was showing year on year improvements.
- Recruitment checks were carried out and the five files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. The practice had recently recruited a new practice manager who had been in post a month. They had a long standing full time male GP and a male and female locum GP. We were told that the same locums were booked when possible and these were booked in advance. We looked at rotas for staff including GP locums covering the past three months. The same GPs were routinely used with the occasional days covered by another locum (who was part of a pool of 20 locums used by the provider) for any absence. The provider had obtained assurances from both locums that they would be working at the practice long term. GP locums were monitored to check performance by a range of consultation, referral and clinical and prescribing audits overseen by the Local Medical Director on a regular basis. When results were less than the standards expected by the provider, the issues were discussed with the GP concerned following the actions identified in their clinical audits.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- **Arrangements to deal with emergencies and major incidents**
- Emergency medicines were available. These were signposted and stored securely and available in the treatment room and reception areas. The practice nurse had overall responsibility for ensuring emergency medicines were in date and carried out monthly checks. All the emergency medicines were in date. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice did not have a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises. However, they did have a risk assessment in place in regard to why they felt a defibrillator was not necessary at the practice and the actions they would take in an emergency. Oxygen was available and stored appropriately. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE (The National Institute for Health and Care Excellence) guidelines and had systems in place for staff to access to ensure all clinical staff were kept up to date.

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 their 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 to hospital scheme' which helped reduce the pressure on A&E departments by treating patients within the community or at home instead of hospital. Care plans were in place for these patients.

We spoke with the GP and practice nurse who understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Mental Capacity Act training was available to all staff and SSP Health Ltd had also disseminated information regarding Deprivation of Liberty Safeguards (These laws help to protect the interests of vulnerable people who lack ability to consent on an issue and to make sure their liberty is not unduly restricted) to all its practices.

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients who had long term conditions were continuously followed up by use of a monthly diary throughout the year to ensure they all attended health reviews. The practice's uptake for the cervical screening programme was 83.82 %, which was similar to expected regarding the national average of 81.88 %. Staff had designated roles to follow up appointments with patients to improve attendance rates and the practice employed a data quality apprentice to monitor their results and patient responses.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 93.3% to 100 % and five year olds from 94.1% to 97.1%.

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-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients who rarely visited the practice told us they were pleased with their check up and the advice given regarding their lifestyle and for healthier living.

### Coordinating patient care

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 risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto patient notes by reception staff. Arrangements were in place to share information for patients who needed support out of hours.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF results showed significant improvements in the last 2 years with the latest results being 98.3% of the total number of points available. Data from 2013-2014 showed:

- Performance for diabetes related indicators was higher than the national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination. Practice rate was 91.67 % and National rate was 88.35 %.

# Are services effective?

## (for example, treatment is effective)

- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average. Practice rate was 87.93 % and National rate was 83.11 %.
- Performance for mental health related and assessment and care was higher than the national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months. Practice rate was 88.89 % and National rate was 83.82 %.

All GPs and nursing staff had access via their intranet to a variety of clinical audits carried out at the practice and within the organisation including those carried out by the provider's pharmaceutical advisor. Examples of completed audit cycles included an audit of uncollected prescriptions and as a result a new system of checking that patients collected their prescriptions was introduced. Other audits produced included one for the 'Anticoagulant and Monitoring of Warfarin' which identified actions to review two patient's needs and an audit for monitoring the use of 'High Risk Drugs.' One clinical audit included new cancer diagnosis's which demonstrated that there were no avoidable delays in referrals. Our CQC GP specialist felt that because they did not have the previous year's data accessible that this meant establishing any trends from the current clinical audit was very labour intensive and difficult to establish any trends within the data presented. The provider's Local Medical director advised they were due to meet the GP at the practice on the day of the inspection to review clinical audits and areas of clinical governance. Consultation audits and referral audits were undertaken for all GP's to ensure correct standards in working practices were being followed. There was evidence to demonstrate the practice acted on any concerns raised about poor performance from staff.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The practice manager had identified a number of areas she was developing with her staff team including updating their personal development plans and training needs and in arranging regular staff meetings. Staff had access to appropriate training to meet their learning needs and were happy with the training on offer. Staff had received training that included safeguarding, fire procedures, chaperone training and basic life support, information governance awareness and access to e-learning training modules. The practice manager submitted updated training records covering the whole staff team to show updates in their training. There were gaps in the training matrix for one locum GP who had no dates or record of when they had accessed training for subjects such as the Mental Capacity Act and infection control. The practice manager had updated records for training and made assurances that she was taking action to ensure all staff were up to date with any identified refresher training.

The permanent GP was further supported by the provider's Local Medical Director who was arranging clinical meetings to discuss any identified improvements and support to the practice. All GPs were up to date with their yearly appraisals. Appraisals were carried out by a third party as the providers contract did not require the provider to carry out the GP appraisal. (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.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms and treatment room doors were closed during consultations so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We received 36 comment cards and spoke with three patients. Out of 39 comments, 37 patients indicated that patients found the staff helpful, caring, polite and they described their care as very good. Patients told us, they were happy with the standard of care provided and they were very complimentary about the practice staff. Some staff had worked at the practice for many years and knew their patients well. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The National GP Patient Survey found that 95.6% of respondents find the receptionists at this surgery helpful compared with a CCG average of 88.3% and a national average of 86.9%.

The practice's computer system alerted GPs if a patient was also a carer. There was a carer's register and they had identified patients who were carers and offered support, for example, by offering health checks and flu jabs.

Results from the national GP patient survey showed patients were happy with how they were treated. The practice was comparable and above average for some of its satisfaction scores on consultations with doctors and nurses. For Example:

- 89.5% Say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 89.3% and national average of 86.8%.
- 95% Say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 92.8% and national average of 91.9%.
- 90.5% Describe their overall experience of this surgery as good compared to the CCG average of 88.3% and national average of 85.2%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients told us they never felt rushed whenever they went to see the nurse or their GP. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 86.1% Say the last GP they saw or spoke to was good at treating them with care and compared to the CCG average of 87.6% and national average of 85.1%.
- 94.3% Say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 88.6% and national average of 84.9%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice did not have a patient representation group (PPG.) The practice manager advised that this was part of her development plan for the practice since commencing her role at the practice and she was actively trying to recruit patient members. 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, website surveys and utilising the Friends and Family test. The practice also had a patient newsletter and patient leaflet offering information about the practice. A benefit of being a small practice was that the staff knew their patients well and could address their needs. The practice had an equal opportunities and anti-discrimination employment policy which was available to all staff on the practice's computer system.

We saw that the practice acted on patient feedback. One example of this was regarding comments received from patients that there was no regular female GP. In response to this, the practice had trained more staff to act as chaperones and they had employed a regular female locum GP. They also utilised other practices locally within the group to offer further choices for patients to access a female GP.

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

- There were longer appointments available for people with a learning disability and long term conditions.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice leaflet was available in large print for easier reading.
- **Access to the service**

The practice was open between 8am to 6.30pm Monday to Friday. They operated a mixture of pre-bookable, same day and emergency appointments. Appointments could be booked up to four weeks ahead. Appointments were available from 9am to 5.30pm. Telephone consultations and home visits were also available. The

number of GP appointments was reviewed quarterly and audited to check the uptake of appointments. The practice had introduced a system whereby patients could cancel their appointments by text to try to reduce wasted appointments. The practice had introduced an 'Access for Children' policy to ensure that children under five were given priority access to be seen on the same day.

Results from the national GP patient survey showed patient's satisfaction with open hours and access to the practice. For example:

- 80 % of patients were satisfied with the practice's opening hours compared to the CCG average of 79.9%% and national average of 75.7%.
- 84.8% % patients described their experience of making an appointment as good compared to the CCG average of 76.7% and national average of 73.8%.
- **Listening and learning from concerns and complaints**

The practice has 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 with reception staff and in a practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint. The practice kept a complaints log for written complaints. 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. Complaints were discussed at staff meetings so that any learning points could be cascaded to the team. There had been a low number of recorded complaints acknowledged by the practice manager since she

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

commenced her post at the practice. The practice manager identified actions with her staff to develop a process for recording any verbal complaints to help establish any patterns or trends with patient comments.

# 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

Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. The practice had a mission statement which was displayed in the waiting areas within patient information booklets and staff knew and understood the values.

### 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. Staff told us they felt well supported by management and confident that they could raise any concerns. There was 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. 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.

There was a recently appointed Local Medical Director to oversee the clinical governance of the practice to ensure best practice was followed. There were quality assurance processes in place to ensure the full implementation of policies and procedures. This included comprehensive checks carried out by the Chief Operating Officer for SSP Health Ltd, monthly to three monthly checks carried out by the Regional Manager and random sample checks done by head office. Performance audits were carried out by the Local Medical Director for all GP's working at the practice. The audits for 2015 included sampling consultations and referrals and any areas for improvement resulted in an action plan. Our GP spa discussed a previous significant event with clinical staff and the provider in regards the

monitoring of the quality of reporting and the need to develop staff skills and training in recognising all relevant incidents. The practice manager had arranged specific training for significant events in July 2015 when she commenced in role. The Local Medical Director discussed their plans for on-going clinical meetings and governance arrangements for the practice.

Staff advised that previous records such as minuted meetings, significant events and complaint records had not always been accessible due to issues with previous filing of information prior to the new practice manager being in post. We were unable to judge historic information and records over the last 12 months due to it not being available. The manager and provider were in the process of trying to access all relevant information to the practice. Staff meetings implemented by the practice manager and clinical meetings with the Local Medical Director had recently commenced at the practice. This is a new development and a positive improvement that we are keen to see continue. Regular continuation of these meetings will help to show evidence of continuous improvement and sustainability with communication and governance within the practice.

### Innovation

The practice had identified all patients at risk of unplanned hospital admissions and had developed a care plan to review them on a regular basis. The provider had confidence in their recently appointed practice manager who had already identified areas of development within the practice for training, recording of significant events and complaints, personal development plans, regular team meetings and development of a PPG. Staff recognised the benefits they had seen already with the new practice manager in post. The Local Medical Director outlined their clinical support and plans for overall governance within the practice with the clinical team.