Kensington Park Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

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 Kensington Park Surgery 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 carried out an inspection at Kensington Park Surgery in October 2014 and found breaches of regulations relating to the safe, effective, well – led and responsive delivery of patient services. The overall rating of the practice in October 2014 was inadequate and the practice was placed into special measures for six months. Following the October 2014 inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to safe, effective, caring, responsive and well-led services.

We carried out a further announced comprehensive inspection at the practice on 29 October 2015. This inspection was carried out to consider whether sufficient improvements had been made and to identify if the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. At the inspection in October 2015, we found the practice had made significant improvements and they were now meeting all of the regulations which had previously been breached. The ratings for the practice have been updated to reflect our findings. Specifically, we found the practice had improved systems in place for providing safe, well-led, effective, caring and responsive services. I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

The practice is rated as good overall, for providing safe, effective, caring, responsive and well led services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Patients said they found it easy to make an appointment however the use of locum GPs provided challenges with regard to continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are :

- Review the system used to monitor safeguarding requests for information and the practice responses to ensure all relevant information was held in patient records. The system should also ensure that all appropriate staff have access to safeguarding information.
- Ensure that recruitment records for those staff not directly employed by the provider such as self-employed GPs contain information that demonstrates that they are physically and mentally fit to carry out their roles safely and competently.
- Progress should be made with regard to plans for improving patient participation.

I confirm that this practice has improved sufficiently to be rated Good overall. This practice will be removed from special measures.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Concerns with regard to how the practice monitored how repeat prescription requests were managed were discussed with the management team. During and following the inspection the provider took action to address these concerns.

Are services effective?

Good

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinicians were aware of the guidance from the National Institute for Health and Care Excellence (NICE). Data showed patient outcomes were comparable with local CCG and national averages. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Clinical staff had received training relevant to their roles.

Are services caring?

Good

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

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. It continued to engage with patients to set up a patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure service improvements where these had been identified. Information about how to complain was available. Learning from complaints was shared with staff.

Are services well-led?

Good

The practice is rated as good for providing well-led services. Staff were clear about the aims and objectives of the service and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held

Summary of findings

regular governance meetings. There were systems in place to monitor and improve quality and identify risk. Staff had received inductions, regular performance reviews and attended staff meetings and events.	

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated good for providing services for people with long term conditions. These patients had a six monthly or annual review with either the GP and/or the nurse to check their health and medication. The practice had registers in place for several long term conditions including diabetes and asthma. 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 45 minutes to ensure patients with multiple needs were seen.

Families, children and young people

Good

The practice is rated good for providing services for families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice regularly liaised with health visitors. Immunisation rates were high for all standard childhood 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 practice is rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered online appointment bookings and a repeat prescription service. The practice also offered telephone consultations to reduce time off work.

Summary of findings

People whose circumstances may make them vulnerable

Good

The practice is rated good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability but this needed to be updated. Longer appointments were available for people with a learning disability. Staff had received safeguarding training.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for providing services for patients experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those few that did not attend had alerts placed on their records so they could be reviewed opportunistically. 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015. The results showed the practice was performing in line with local and national averages. 454 survey forms were distributed and 87 were returned. This is a response rate of 19.2%

- 76.6% found it easy to get through to this surgery by phone compared to a CCG average of 75.1% and a national average of 73.3%.
- 97.4% found the receptionists at this surgery helpful (CCG average 87.5%, national average 86.8%).
- 80.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.4%, national average 85.2%).
- 98.3% said the last appointment they got was convenient (CCG average 92.8%, national average 91.8%).
- 86.9% described their experience of making an appointment as good (CCG average 75.4%, national average 73.3%).
- 48% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62.3%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11comment cards which were positive about the standard of care received. We spoke with four patients who told us they had confidence in the GPs and Nurses they saw and that the reception staff were very kind and helpful. They also told us they would like to permanent GPs rather than different locum GPs. Members of the senior management team told us that the principle GP had been in post for over three years and that they had moved to using a small group of locums at the practice. Staff rotas viewed confirmed this information.

Areas for improvement

Action the service SHOULD take to improve

- Review the system used to monitor safeguarding requests for information and the practice responses to ensure all relevant information was held in patient records. The system should also ensure that all appropriate staff have access to safeguarding information.
- Ensure that recruitment records for those staff not directly employed by the provider such as self-employed GPs contain information that demonstrates that they are physically and mentally fit to carry out their roles safely and competently.
- Progress should be made with regard to plans for improving patient participation.

Kensington Park Surgery

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 specialist advisor, a second CQC inspector and a practice manager specialist advisor.

Background to Kensington Park Surgery

Kensington Park Surgery is part of the corporate provider SSP Health Limited. This practice is registered with CQC to provide primary care services. The practice is situated within the Kensington ward area of the city of Liverpool. This area has higher than average deprivation scores for income, employment, healthcare and deprivation affecting children and older people.

The practice is an Alternative Provider of medical Services (APMS) with a registered list size of 4060 patients. The practice population is predominantly younger than 40 years and the area has high levels of deprivation and unemployment. The practice has a regular principle GP working across four days, Locum GPs, a nurse clinician, practice nurse, a practice manager and a number of administration and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday and offers extended opening up until 8.30pm one day per week. Appointments can be booked for up to four weeks in advance for both GPs and nursing clinics. The practice treats patients of all ages and provides a range of medical services. The practice does not deliver out-of-hours services these are delivered by the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

This inspection was a follow up to our previous inspection at the practice in October 2014, in which the practice was rated as inadequate overall. The practice was placed into special measures for a period of six months. This inspection was carried out to consider whether sufficient improvements had been made and to identify if the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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?

Detailed findings

• 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)

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 29 October 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice had been rated inadequate for safety for an inspection we undertook in October 2014. During this inspection we found improvements had been made across outcomes affecting patient safety. All practice staff had undergone training to help them understand the importance of the reporting systems in place for serious events. There was an open and transparent approach and an improved system for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All serious events were analysed annually to identify themes. All complaints including informal complaints, received by the practice were entered onto the system and appropriate actions taken. The practice carried out an analysis of each event that had occurred including an annual analysis of all incidents to encourage learning.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw how a vulnerable patient who told the practice they had no medication left had been reviewed as a serious event and had resulted in a change of process to support the patient to receive their medication. Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) e-Form to report patient safety incidents.

Reliable safety systems and processes including safeguarding

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs did not routinely attend safeguarding meetings but did provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. We discussed with the practice manager and senior managers from SSP Health Ltd that the system currently used to monitor safeguarding requests for information and the practice responses needed to be reviewed to ensure all relevant information was held in patient records.
- A notice in the waiting room advised patients that chaperones (an impartial observer) were available, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Services (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The nurse practitioner and practice nurse were independent prescribers. We noted that the system in place to monitor the prescribing of repeat medicines was poor. We identified that the practice staff both clinical and non-clinical did not fully understand the alerts on the practice computer system and had not acted to ensure that repeat prescriptions were not being authorised

continuously over the stated number limit. Medication reviews were not being triggered and contact was not being made with patients. We discussed this concern with the area medical director for SSP Health. He advised us that this issue would be recorded as a significant event and work would commence immediately to resolve this issue. Following the inspection SSP Health provided evidence that within four days of the inspection 1600 patients who routinely requested repeat prescriptions had been reviewed by clinicians, update training had been organised for both clinical and non-clinical staff and prescribing protocols had been reviewed and amended.

- We reviewed seven personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, recruitment records for those staff not directly employed by the provider such as self-employed GPs did not contain information that demonstrates that they were physically and mentally fit to carry out their roles safely and competently.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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. For example the rota for the week of the inspection showed there were appointments available with GPs the nurse clinician and the practice nurse.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen and there was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.7% of the total number of points available, with 4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was slightly lower at 5.6% compared to the national average of 6.2%.
- The percentage of patients with hypertension having regular blood pressure tests was higher than average at 4.4% compared to the national average of 4.9%
- Performance for mental health related and hypertension QOF indicators was slightly lower at 79.4% compared to the national average of 82.9%
- The dementia diagnosis rate was lower at 0.2% compared to the national average of 0.6%

The CQC data pack showed that screening rates of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 67.63% compared to a national average of 81.88%. The practice provided evidence during the inspection that showed work was being carried out to improve the uptake of this screening programme. The practice data showed that 72% of patients had received a cervical screening test.

Clinical audits demonstrated quality improvement.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment with peoples' outcomes. The practice had a schedule of audits to be carried out across the year. There had been a number of clinical audits completed in the last twelve months. These were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the review of the way new cancer cases were recorded and coded on the practice computer system to ensure prompt action and regular review of these patients took place.

Information about patients' outcomes was used to make improvements such as; the regular audit of patient record consultations to ensure patients received consistent and evidence based advice and treatment.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients who may be experiencing social isolation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% and five year olds from 88.5% to 100%. Flu vaccination rates for the over 65s were 73%, and at risk groups 51%. These were also comparable to CCG and national averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 11 patient CQC comment cards we received were positive about the service experienced. However patients did comment on the number of locum doctors working at the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 85.3% said the GP was good at listening to them compared to the CCG average of 90.2% and national average of 88.6%.
- 85.8% said the GP gave them enough time (CCG average 89.4%, national average 86.6%).
- 97.5% said they had confidence and trust in the last GP they saw (CCG average 95.9%, national average 95.2%)
- 82.2% said the last GP they spoke to was good at treating them with care and concern (CCG average 87.6, national average 85.1%).
- 95.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.8% national average 90.4%).
- 97.4% said they found the receptionists at the practice helpful (CCG average 87.5%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

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

- 88.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.2% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.8% , national average 81.4%)

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

Patient/carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was involved in the neighbourhood Chronic Obstructive Pulmonary Disease (COPD) mobilisation initiative to ensure that patients were referred quickly to the community clinic that shared the practice building. This initiative recognised that the patient demographic identified patients would not travel to have this test performed.

- There were longer appointments available for people with a learning disability and dementia.
- The practice was open until 8.30pm one day per week.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There was a lift to improve access for patients.
- The practice used language line services and had a facility on the practice website to translate the information into different languages. This was to support patients where English was not their first language.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.45am every morning and 1.30pm to 6pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 78.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.9% and national average of 74.9%.
- 76.6% patients said they could get through easily to the surgery by phone (CCG average 75.1%, national average 73.3%).
- 86.9% patients described their experience of making an appointment as good (CCG average 75.4%, national average 73.3%.
- 48% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62.3%, national average 64.8%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a posters was displayed in the waiting areas and complaint summary leaflets were available at the reception area.

We looked at three complaints received in the last 12 months and found they had been satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the compliant. There was evidence that these had been discussed at staff meetings and learning had taken place.

Are services well-led?

Good

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

Our findings

Vision and strategy

The 'Vision Statement' of SSP Health Ltd stated how the practice aimed to deliver outstanding clinical services responsive to patient's needs. This was detailed in a patient information leaflet which was available within the patient waiting areas. Staff members spoken to demonstrated an understanding of the principles of the vision statement.

Governance arrangements

Improvements had been made to the local governance arrangements since our last inspection in October 2014. The practice had an overarching governance framework which supported the delivery of the good quality care. This outlined the new and improved structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

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

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

The practice did not have an active patient participation group. The manager was looking at ways to engage with patients in a number of formats including setting up a virtual on- line PPG. The practice had a suggestions box in the waiting area however this was not routinely checked by the practice manager. The practice manager told us that in future any comments left in the suggestion box would form part of the quality assurance system. The practice had the following systems in place to gain feedback from patients, the public and staff:

- The practice had had gathered feedback from patients through surveys and complaints received.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example following a significant event and feedback from a member of the reception team all clinicians were required to provide mobile telephone numbers to support reception staff deal with urgent patient issues at the end of evening clinics. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good

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

Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff had access to a programme of induction, training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Staff were supervised until they were able to work independently. The practice had completed reviews of significant events and other incidents and shared with staff via team meetings to ensure the practice improved outcomes for patients.