Westminster Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Westminster Medical Centre on 15 June 2016. Overall the practice is rated as good and outstanding for providing services for the population group of vulnerable patients.

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

- The practice is situated in a purpose built health centre in a deprived area of Liverpool. The practice was clean and had good facilities including disabled access, translation services and a hearing loop.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service; including having an established patient participation group (PPG) and acted, where possible, on feedback.
- The practice had been without a practice nurse during 2014-2015 and had relied on local nursing teams. As a consequence some of the performance data for 2014-2015 we reviewed was lower than average, but a new full time nurse had joined the practice in 2015 and performance was constantly improving.
- Two members of staff had been promoted to practice manager and deputy practice manager approximately 10 weeks before our inspection. The staff had worked hard to maintain and improve the service delivered to patients and the systems in place to ensure the safety of the practice. This included revising all policies and risk assessments and actions needed as a result. Staff worked well together as a team and all felt supported to carry out their roles.

There were examples of outstanding practice being provided for more vulnerable patients:

Summary of findings

- The practice was aware of the challenges that a very economically deprived area presented such as high levels of alcohol and drug misuse and the risk of homelessness. The practice patient information available in the waiting room areas was specifically designed to help these patients. The newly appointed practice manager and deputy had attended a community open day for homeless people and had liaised with a local organisation to provide contact cards for the homeless. The practice did register homeless patients. Food tokens were also available from the practice (24 so far had been used).
- The practice had a register of more vulnerable patients and a designated member of staff who was responsible for contacting these patients to ensure their health needs were being met and when necessary GP appointments were made.
- The practice was aware of the difficulties facing single mothers with several children to attend the practice and had carried out home visits to provide vaccinations for more vulnerable children.
- The practice nurse carried out home visits for patients with learning disabilities requiring cervical screening. Information about the procedure was available in easy read format.

However, there were areas where the provider should make improvements.

The provider should:

- Update information for patients on how to make a complaint by including the correct contact details for NHS England.
- Complete actions identified on health and safety risk assessments where practical.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?
The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding.

Good

Are services effective?
The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

Good

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

Good

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

Good

Are services well-led?
The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events.

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

Good

The practice is rated as good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for patients over 75 years of age and the practice kept a register of patients over 90 years of age. There were 28 patients on this register and patients were visited annually. The practice was part of a project involving other practices in the neighbourhood to support elderly patients with social isolation.

People with long term conditions

Good

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured review to check their health and medicines needs were being met. Patients had annual blood screen checks. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances The practice had organised home visits for more vulnerable children requiring immunisations.

Working age people (including those recently retired and students)

Good

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments. Flu clinics were available on Saturdays for patients who could not attend during the week.

Summary of findings

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as outstanding for providing services for people whose circumstances make them vulnerable. The practice was aware of the challenges that a very economically deprived area presented such as high levels of alcohol and drug misuse and the risk of homelessness. The practice patient information available in the waiting room areas was specifically designed to help these patients. The newly appointed practice manager had liaised with a local organisation to provide contact cards for the homeless. Food tokens were also available from the practice.

The practice was aware of the difficulties facing single mothers with several children to attend the practice and had carried out home visits to provide vaccinations for more vulnerable children.

The practice nurse carried out home visits for patients with learning disabilities requiring cervical screening. Information about the procedure was available in easy read format.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability and a bespoke member of staff who was responsible for contacting these patients to ensure their health needs were being met and when necessary GP appointments were made. Clinicians carried out annual health checks and longer appointments were available for people with a learning disability.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The lead GP for safeguarding was working in conjunction with local agencies to audit their work on child protection to improve systems in place. This was particularly important as the practice is situated on the border of Liverpool and Sefton and hence several agencies were involved for safeguarding.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with the local mental health team to support patients.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 (from 98 responses which is approximately equivalent to 2% of the patient list) showed the practice was performing above local and national averages in certain aspects of service delivery. For example,

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 93% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).
- 75% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

However, some results showed below average performance, for example,

- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).

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

- 89% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 58 comment cards, 57 of which were very complimentary about the standard of care provided. There were four comments regarding difficulty in getting through to the practice by telephone, one about a GP not listening and one about prescription availability. Patients said they received an excellent, caring service and patients who were more vulnerable were supported in their treatment.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results for March 2016 from 19 responses showed that: 17 patients were either extremely likely or likely to recommend the practice, one response said unlikely, and one unsure. There were many comments expressing satisfaction with the care received and there were two comments regarding not being able to access appointments by telephone and one about the attitude of reception staff.

Westminster Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Westminster Medical Centre

Westminster Medical Centre is based in a deprived area of Liverpool with high unemployment. There were 5,500 patients on the practice register at the time of our inspection.

The practice is a teaching and training practice managed by three GP partners (two male, one female). There is a full time practice nurse. There are two registrars and a foundation 2 trainee GP. The practice occasionally uses locums when necessary. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice telephone lines are open 8am to 6.30pm every weekday and offer a mixture of pre-bookable, on the day and urgent appointments as well as telephone consultations available from 8am to 6pm.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

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

Why we carried out this inspection

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

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

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

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

- Older people
- People with long-term conditions
- Families, children and young people

Detailed findings

- 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 15 June 2016.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events. Significant events were discussed at staff meetings and discussed annually to identify any trends to drive improvement.

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

The practice had systems in place to cascade information from safety alerts which were discussed in staff meetings and were aware of recent alerts.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there was additional flowcharts in the consulting rooms. There was a lead GP for safeguarding vulnerable adults and children. The lead GP took part in local child safeguarding audits to ascertain how services could be improved. This was particularly important as the practice is situated on the border of Liverpool and Sefton and hence several agencies were involved for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Health visitors attended practice meetings to discuss any concerns.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice was clean and tidy. Monitoring systems and cleaning schedules were in place. One of the GPs was the infection control clinical lead. There was an infection control protocol and staff had received up to date training.Infection control audits were undertaken and action plans were in place to address any shortfalls. There were spillage kits and appropriate clinical waste disposal arrangements in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Emergency medication was checked for expiry dates. Blank prescriptions were securely stored and there were systems in place to monitor their use.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire safety equipment tests and fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The new practice management team, who had been in post for the past 10 weeks prior to our inspection, had revisited health and safety risk assessments which had been carried out by an external company in 2015. The practice management had

Good

Are services safe?

formulated new action plans which identified the level of risk and had begun work on putting improvements in place. For example, a new hearing loop and facilities to help disabled patients.

- 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

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

- All staff received annual basic life support training and there were emergency medicines available in reception.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was a first aid kit available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

There was a named GP for the over 75s and the practice kept a register of patients over 90 years old. There were 28 patients on this register and patients were visited annually. The practice also had a register of more vulnerable patients and a bespoke member of staff who was responsible for contacting these patients to ensure their health needs were being met and when necessary GP appointments were made.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had systems in place to ensure they met targets and the most recent published results (2014-2015) were 80% of the total number of points available. The practice had been without a practice nurse for approximately 8 months during 2014-205 and had relied on local nursing teams. The practice had recruited a new practice nurse during 2015. Data we reviewed for 2015 to 2016 showed an increase in total QOF points to 92% as a result.

The practice also worked towards meeting local key performance targets. The practice was aware of high hypnotic medication prescribing rates and evidence reviewed demonstrated the practice was making improvements.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits. There were continuous improvement audits for pulse checks for the over 65s. There was evidence of two cycle audits which showed improvements in the management of osteoporosis, epilepsy and dementia.

Effective staffing

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

The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. The practice had GP locums only when necessary and locum induction packs were available. Safety alerts were included in locum packs.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We spoke with trainee GPs who told us they felt supported and attended clinical meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training. Other training included: safeguarding, fire procedures, equality and diversity and basic life support, and information governance awareness. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning. The practice supported career progression for example, one of the receptionists was the new deputy practice manager, and the health care assistant had become the practice manager. All staff received annual appraisals.

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.

Good

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people. Consent forms were available.

Supporting patients to live healthier lives

The practice was aware of the challenges that a very economically deprived area presented such as high levels of alcohol and drug misuse and the risk of homelessness. The practice patient information available in the waiting room areas was specifically designed to help these patients. The newly appointed practice manager had liaised with a local organisation to provide contact cards for the homeless. Food tokens were also available from the practice. Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice had a health trainer which visited the practice once a week to give advice on lifestyle management and to offer opportunities for exercise courses.

The practice adopted a flexible approach to child vaccination appointments by liaising with parents as to the best time to attend. The practice nurse was aware of the difficulties facing single mothers with several children to attend the practice and had carried out home visits to provide vaccinations for more vulnerable children.

The practice had been without a practice nurse for approximately 8 months during 2014-2015 and therefore immunisations and screening had been carried out by local nursing teams.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different formats for those with a learning disability and gave examples where the practice nurse had visited patients at home. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

The practice was involved in the OWLS (Older Wiser Living Socially) project which supports and addresses social isolation in patients aged over 75.

Results from the national GP patient survey published in January 2016 (from 98 responses which is approximately equivalent to 2% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 90%, national average 87%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 87% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Information from patient Care Quality Commission comment cards showed that the majority, (57 out of 58 comments), praised staff and the service provided. Only one comment related to a GP not listening to them .

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Some results were lower than local and national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).

However, none of the 58 patient Care Quality Commission comment cards received raised any concerns relating to time spent with GPs in explaining treatments or being involved in decision making. We spoke with GPs about this issue who advised us patients often came to appointments with a range of complex issues and they were considering extending the time allocated for appointments.

Staff told us that telephone translation services were available. The practice had easy read format information about treatments available.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was a carer and there was a register of 129 patients. Information was available in the waiting room to direct carers to the various avenues of support available to them. In particular an emphasis was placed on identifying young carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent a card and offered a longer appointment to meet the family's needs or signposted those to local counselling services available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for example, for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was hearing loop available and easy read formatted information.
- Flu clinics were available on Saturday mornings.

The practice was aware of the challenges that a very economically deprived area presented such as high levels of alcohol and drug misuse and the risk of homelessness. The practice patient information available in the waiting room areas was specifically designed to help these patients. The newly appointed practice manager had liaised with a local organisation to provide contact cards for the homeless. Food tokens were also available from the practice.

The practice was aware of the difficulties facing single mothers with several children to attend the practice and had carried out home visits to provide vaccinations for more vulnerable children.

Access to the service

The practice is open 8am to 6.30pm every weekday and offered a mixture of pre-bookable, on the day and urgent appointments as well as telephone consultations. Patients requiring a GP outside of normal working hours were advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice had identified that the highest number of A&E attendances were on a Monday and Tuesday and had increased the number of appointments available at the practice to reduce these rates (from 84 attendances in 2014-2015 to 71 in 2015-2016).

Results from the national GP patient survey published in January 2016 (from 98 responses which is approximately equivalent to 2% of the patient list) showed that patient's satisfaction with how they could access care and treatment were higher or comparable with local and national averages. For example:

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 93% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).
- 75% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

The practice was aware of some negative feedback from patients regarding being able to access the practice by telephone to make appointments especially at the beginning of the day, and were installing a new telephone system in June 2016.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint. However, the information leaflet needed to be updated to give the correct details of NHS England as an alternative organisation to the practice to make a complaint.

The practice received very few formal complaints but when they did, they were discussed at staff meetings. We reviewed a log of previous complaints and found written

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints were recorded and written responses included apologies to the patient and an explanation of events. All complaints were reviewed on an annual basis at practice meetings to identify any trends and action if necessary

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 practice described their purpose as to provide their patients with high quality personal health care, continually seeking to promote health and reduce inequalities in health.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- Practice specific policies that all staff could access on the computer system.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: weekly clinical meetings when all clinicians attended. Other meetings included: palliative care meetings with other healthcare professionals and monthly team meetings.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare. For example, medication audits and clinical audits. There were continuous improvement audits for consultations and for how hospital letters were dealt with.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

Leadership, openness and transparency

The previous practice manager had retired and two members of staff had been promoted to practice manager and deputy practice manager approximately 10 weeks before our inspection. Despite the many setbacks the practice had faced, the staff had worked hard to maintain and improve the service delivered to patients and the systems in place to ensure the safety of the practice. This included revising all policies and risk assessments and actions needed as a result.

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

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

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

- There was an established PPG and the practice had acted on feedback. For example, the practice had altered appointment systems to extend the number of appointments available on the day.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice and took note of any comments made. For example, telephone access.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice encouraged staff involvement and acted on any suggestions for example, purchasing a new fridge and temperature recording system for vaccine storage.

Continuous improvement

The practice team took an active role in locality meetings. Clinicians kept up to date by attending various courses and events. The practice encouraged and supported staff in their individual careers. For example, the practice nurse

Are services well-led?

Good

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

was attending a GP practice nurse foundation course. Staff had been promoted to more senior roles and training was being provided in the future. The practice had plans to train student practice nurses.