

Rawson Road 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

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Overall summary

Letter from the Chief Inspector of General Practice

This is the report from our announced comprehensive inspection of Rawson Road practice on the 27 July 2015.

Overall the practice is rated as good.

Our key findings were as follows:

- Feedback from patients and observations throughout our inspection highlighted the staff were kind, caring and helpful. Survey information reviewed demonstrated a high level of patient satisfaction in being able to get through to the practice by telephone and make an appointment but not necessarily with their preferred GP as the practice did use locum GPs for three days a week.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding. The practice was clean and tidy. The practice used a pharmacy advisor to ensure the practice was prescribing in line with current guidelines.

- A Local Medical Director had been recently appointed to oversee the clinical governance of the practice and was proactively encouraging the use of clinical audits to ensure patients received treatment in line with best practice standards.
- Patients had their needs assessed in line with current guidance and the practice had a holistic approach to patient care.

There are improvements the practice should make:

- Have a named GP and their contact details readily available for the locum GPs if they needed to discuss patient care when the main GP was not present.

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?

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.

The practice had policies in place for safeguarding vulnerable adults and children and all staff had received training suitable for their role. The practice was clean and had suitable equipment and medication to respond to medical emergencies.

Good



Are services effective?

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

Good



Are services caring?

Feedback from patients about their care and treatment was positive overall. We observed a patient-centred culture. 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 reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Information about how to complain was available and learning points from complaints were discussed in practice meetings. The practice offered extended hours access one morning a week and access for urgent care for children.

Good



Are services well-led?

The practice was supported by staff from SSP Health Ltd.'s head office in terms of administration so the practice staff could concentrate on providing clinical care. The practice sought feedback from patients, which it acted on. Staff had received regular performance reviews 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

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, the avoidance of unplanned admissions scheme. All patients who were identified on this service had completed care plans in place. The practice carried out home visits and also visited care homes in the area. The practice had a phlebotomy service and 24 hour blood pressure monitoring service onsite for convenience.

Good



People with long term conditions

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 45 minutes to ensure patients with multiple needs were seen.

Good



Families, children and young people

The midwife and health visitor attended the practice alternate weeks and there were immunisation clinics. The practice had an 'early years' fact sheet to provide information including such issues as 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 needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice offered telephone consultations instead of patients having to attend the practice. The practice offered online prescription ordering and online appointment services. It also offered extended opening hours for practice nurse and healthcare assistant appointments in the morning one day a week for those patients who could not access the practice during normal working hours.

Good



People whose circumstances may make them vulnerable

Staff knew patients and their families well and arranged appointments to suit patients' needs. The practice used a system of placing alerts on patients' records to highlight if they were carers.

Good



Summary of findings

Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The practice worked with the local alcohol and drug recovery team. There was a dedicated carer's noticeboard in the waiting room with information for patients about local support groups.

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 liaised with other healthcare professionals to help engage these patients to ensure they attended reviews either at the practice or within the community setting.

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. Staff had received conflict resolution and suicide awareness training.

Good



Summary of findings

What people who use the service say

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

We received 45 comment cards (which is equivalent to 1.9% of patients on the practice list) and spoke with a representative of the patient participation group. All comments received indicated the staff team were very caring, helpful and kind. The only issues raised were around patients not liking being asked about why appointments were needed and seeing different GPs (three comments).

For the practice, our findings were in line with results received from the National GP Patient Survey. For example, the latest National GP Patient Survey results from July 2015,

88% of patients described their overall experience of this surgery as good (from 95 responses, which is equivalent to 4% of patients on the practice list) which is higher than the local average of 79% and slightly higher than the national average of 85%.

Results from the National GP Patient Survey also showed that 81% of patients said the last GP they saw or spoke to was good at treating them with care and concern which is in line with local and national averages. Ninety eight percent of patients found the reception staff helpful which is much higher than the local and national averages of 83% and 87%.

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

Fifty six percent of respondents with a preferred GP usually get to see or speak to that GP which was in line with local average of 58% and national average of 60%. 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 for June 2015 showed that 78 patients were extremely likely to recommend the service, 22 were likely and 6 patients answered neither likely nor unlikely.

Areas for improvement

Action the service **SHOULD** take to improve

- Have a named GP and their contact details readily available for the locum GPs if they needed to discuss patient care when the main GP was not present.

Rawson Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and a GP specialist advisor.

Background to Rawson Road Surgery

Rawson Road Practice is located in a residential area of Seaforth which is in a deprived area of Merseyside. There were 2360 patients registered at the practice at the time of our inspection and the majority were white British.

The practice has one male salaried GP who works two days a week, a practice nurse, a healthcare assistant, and a practice manager and reception and administration staff. The practice also has locum GPs.

The practice is open 8am to 6.30pm Monday to Friday. The practice offers early morning appointments every Tuesday from 7.30am with the practice nurse or healthcare assistant. Patients requiring a GP appointment outside of normal opening hours are advised to contact an external out of hours service provider (GTD Healthcare). Rawson Road has a General Medical Services contract (GMS). In addition the practice carried out a variety of other enhanced services such as shingles vaccinations.

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)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice, for example Health watch. We also reviewed policies, procedures and other information the practice provided before the inspection day. We spoke with a range of staff including the lead GP, the practice nurse, the healthcare assistant, two reception staff, the practice manager, the Head of HR, Chief

Detailed findings

Operating Officer and the Director and a Local Medical Director for SSP Health Ltd on the day. We sought views from a member of the patient participation group and looked at comment cards and reviewed survey information.

Are services safe?

Our findings

Safe track record

There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of these significant events to identify any trends.

Learning and improvement from safety incidents

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

We viewed documentation which included details of the events, details of the investigations, learning outcomes including what went well and what could be improved.

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

Reliable safety systems and processes including safeguarding

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

All staff had received safeguarding children training at a level suitable to their role. Staff had also received safeguarding vulnerable adults training and understood their role in reporting any safeguarding incidents. The practice clinicians met with the health visitor on a regular basis to discuss any safeguarding concerns. The practice nurse or healthcare assistant acted as chaperones if required and a notice advising of this service was displayed in the waiting room and consulting/treatment rooms. Staff had received training to carry out this role and had received a disclosure and barring service (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.

Medicines management

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

The practice had two fridges for the storage of vaccines. The practice nurse, healthcare assistant and reception staff took responsibility for the fridge temperatures. 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 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.

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. Audits were carried out on a quarterly basis to check stock controls.

Cleanliness and infection control

Comments we received from patients indicated that they found the practice to be clean. Cleaning schedules and monitoring systems were used to ensure the cleanliness of the premises. Treatment rooms had hand washing facilities and personal protective equipment (such as gloves) was available. Hand gels for patients were available throughout the building. Clinical waste disposal contracts were in place.

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

Are services safe?

The practice carried out their own annual audits and acted on any issues where practical. For example, the practice as a result of an earlier audit had installed disposable curtains. The practice had carried out Legionella risk assessments and regular monitoring.

Equipment

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

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

Staffing and recruitment

The practice has one male permanent GP who worked at the practice two days a week, a practice nurse, a healthcare assistant, a practice manager and reception and administration staff. The practice was using locum GPs for the remaining three days a week and also to assist the permanent GP. We were told that the same locums were booked when possible and these were booked in advance so that appointments were available. We looked at rotas for GP locums covering the past three months. The same GPs were routinely used with the occasional day covered by another locum. Practice survey information reviewed and comments received indicated there was some patient concern about not always being able to see the same GP. However, results from the National GP Patient Survey were in line with local and national averages.

GP locums were monitored to check performance by a range of consultation, referral and clinical and prescribing audits overseen by the Local Medical Director. When results were less than the standards expected by SSP Health Ltd, the issues were discussed with the GP concerned.

Non-clinical staff were supervised by the practice manager. The practice was also supported by SSP Health Ltd office

staff. SSP Health Ltd utilise other staff from nearby practices if there are any unexpected shortfalls in reception and administration staff. The permanent GP would oversee GPs for the days they worked but what was not so clear was who would be available immediately for the locum GPs if they needed to discuss patient care when the permanent GP was not available.

All clinical staff working at the practice had received a DBS check to ensure they were suitable to carry out their role. Risk assessments were in place for staff who had a non-clinical role who did not require a DBS check. Many staff had been employed by the practice for a number of years.

There were procedures in place to ensure adequate recruitment checks for GP locums were carried out. This included additional identity checks at the practice.

Monitoring safety and responding to risk

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 management plans in place and had recently carried out a fire drill. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as legionella testing and control of substances hazardous to health.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room and reception. The practice had oxygen and a defibrillator and staff had received training to use the equipment.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Staff were aware of the plan which included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice carried out assessments and treatment in line with best practice guidelines.

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

The practice took part in the 'avoiding unplanned admissions to hospital scheme' which helps 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.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). 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. 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 current results were 99% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets.

Data from QOF 2013-2014 showed that in relation to diabetes care and treatment, the practice was performing better compared to national statistics. For example the percentage of diabetic patients who had received a foot examination was 99% compared to a national average of 88%.

All GPs and nursing staff were involved in clinical audits. 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 clinical audits included new cancer diagnosis which demonstrated that there were no avoidable delays in referrals.

Effective staffing

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

Staff received training that included safeguarding, fire procedures, chaperone training and basic life support, information governance awareness, conflict resolution and suicide awareness training. Staff also had access to e-learning training modules.

The permanent GP was further supported by a Local Medical Director who arranged clinical meetings to discuss any improvements to the practice. GPs and the practice nurse attended other meetings and learning events with other practices in the area organised by the CCG.

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

All GPs were up to date with their yearly continuing professional development requirements. There were annual appraisal systems in place for all other members of staff.

Consultation audits and referral audits were undertaken for GP locums 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.

Working with colleagues and other services

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 from out of hours. The local walk in centre liaised with the practice to alert the GPs to any patients who had attended.

The practice worked with the health visitor and midwives and also the community matron. The practice also accommodated an audiology clinic.

Information sharing

Are services effective?

(for example, treatment is effective)

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

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

Staff had received training on information governance such as records management, information sharing and patient confidentiality. There was information available to patients in the waiting room as to how their information was used. Audits were also in place to ensure administration staff completed patient records correctly.

Consent to care and treatment

We spoke with the practice nurse who demonstrated an understanding of the Mental Capacity Act 2005 and consent issues. 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.

Health promotion and prevention

The practice had a variety of patient information available to help patients manage and improve their health. There

were health promotion and prevention advice leaflets available in the waiting rooms for the practice including information on cancer and McMillan support. The practice worked pro-actively with the local Alcohol Support Team and smoking cessation clinics. There were adverts in the waiting room for the shingles vaccine programme.

There was a 24 hour blood pressure monitoring service available for patients and a phlebotomy service that was also used by patients from other practices when necessary.

Data from 2013-2014 showed that child vaccination uptake rates were in line with local CCG averages. For example, the practice uptake of the Meningitis C vaccine was 86.7% and the local average was 82.8%.

The percentage of patients aged 65 and older who have received their seasonal flu vaccination was 56% compared to a national average of 52%. The practice nurse and healthcare assistant visited care homes in the area and used this opportunity to offer seasonal vaccinations.

Cervical screening rates were in line with national averages (81%). Immunisations and screening was carried out by the practice by appointment. Computer records showed patients who were overdue tests and the clinicians offered tests opportunistically if the patient attended for other reasons.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Some staff had worked at the practice for many years and knew their patients well. All of the CQC comment cards we received were very complimentary about the staff and indicated that patients found staff to be helpful, caring, and polite and that they were treated with dignity.

Results from the National GP Patient Survey (from 95 responses) were in line with our findings. 81% of patients said the last GP they saw or spoke to was good at treating them with care and concern and 89% said the last GP they saw or spoke to was good at listening which was in line with the local averages.

Curtains were provided in consultation and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during appointments and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey showed that 85% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments and 78% said the last GP they saw or spoke to was good at involving them in decisions about their care which was in line with the local and national averages of 80-81%. Ninety four percent of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care which was higher than the local and national averages of 85%.

Patient/carer support to cope emotionally with care and treatment

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had an established a Patient Participation Group (PPG). Minutes from meetings demonstrated that results from surveys were discussed and any concerns from patients were addressed and discussed with the practice manager. The practice sought patient feedback by a variety of other means such as utilising a suggestions box in the waiting room, having an in-house patient survey and utilising the Friends and Family test. There were notices in the waiting room which advertised the PPG availability and referenced results from surveys. The practice also had a patient newsletter.

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 advertised and promoted the use of the chaperone service and where possible tried to have a female locum available during the week.

Tackling inequity and promoting equality

The building had appropriate access and facilities for disabled people, although there was no hearing loop available. The practice leaflet was available in large print and staff could access translation services if needed. A benefit of being a small practice was that the staff knew their patients well and could address their needs.

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

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. The practice was also part of an extended hours scheme and offered appointments from 7.30am on Tuesdays with the practice nurse or healthcare assistant.

The practice operated a mixture of pre-bookable, same day and emergency appointments. Appointments could be booked up to four weeks ahead. Telephone consultations and home visits were also available.

The number of GP appointments was reviewed quarterly and the practice had introduced a system whereby patients could cancel their appointments by text to try to reduce wasted appointments. There were signs in the entrance and waiting rooms which advised patients how many failed appointments there had been each month. There were also notices for opening times and which staff worked at the practice for patient information.

Results from the GP national Patient survey showed 92% of respondents found it easy to get through to this surgery by phone which was much higher than the local average of 65%. Eighty nine percent of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a local average of 81%.

Listening and learning from concerns and complaints

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

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

Are services well-led?

Good 

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

Our findings

Vision and strategy

Staff told us the practice was patient centred and a caring practice. There were some notices in the practice referring to values and a patient charter.

Governance arrangements

There was a clinical governance policy in place. SSP Health Ltd had a range of policies and procedures which were available to all staff on the practice's computer system. The policies included a 'Health and Safety' policy and 'Infection Control' policy. All the policies were regularly reviewed and in date and staff we spoke with were aware of how to access the policies.

There was a recently appointed Local Medical Director to oversee the clinical governance of the practice to ensure best practice was followed. Clinical governance meetings in which clinical audits and continuous improvements were addressed.

There were quality assurance procedures 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 checks carried out by the Regional Manager and random sample checks done by head office. For example, there were monitoring checks done for all new GP locums working at the practice. Checks included: ID checks, signing for locum induction packs. Performance audits covering consultations and appropriate referrals were also carried out monthly.

Leadership, openness and transparency

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.

The practice had a protocol for whistleblowing and staff we spoke with were aware of the policy and what to do if they had to raise any concerns.

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

Results of surveys and complaints were discussed at staff meetings. The practice had an established PPG and reception staff encouraged all patients attending to complete the new Friends and Family Test as a method of gaining patients feedback. There was also a suggestions box available at reception.

Management lead through learning and improvement

The Director and Local Medical Director provided clinical governance support and met with GPs to have clinical meetings where results of a variety of types of audits were discussed. Clinicians attended local meetings with the CCG and nurses attended local forums to keep up to date with local issues.

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