Newton 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Newton Medical Centre on 26 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- 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.

We saw one area of outstanding practice:

- The practice provided an individualised service to patients with suspected heart conditions. Patients were referred to a cardiologist to support early diagnosis and treatment this service was funded by the practice.
- The practice had a system in place that allocated specific areas for administration staff to take the lead, for example there was a cancer care lead. The designated member of staff would ring patients and ask if the practice could offer any further support

Summary of findings

either through their own services or by accessing other services. If the patient expressed that they felt unwell this information was shared with a clinician to follow up.

- The practice staff had undertaken dementia training and had become ‘Dementia Friends’ (this is an Alzheimer’s Society initiative to support people to learns a little bit more about what it's like to live with dementia and then turns that understanding into action to support people living with dementia to live well). The members of the Patient Participation Group had also been given the opportunity to undertake this training.
- The practice had a system in place to ensure that a celebratory card was sent to new parents included with the card was an early years fact sheet that provided parents with a schedule of when immunisation would be carried out. It also provided information about the types of healthcare checks that would be made to ensure their baby was healthy and receiving the appropriate healthcare support.
- The practice was instrumental in providing a guide for parents and carers of children aged birth to five years. This guide provided information and guidance to manage general welfare, the first few months such as teething issues and childhood illnesses. This guide had been very successful and had been shared by the CCG with all practices in the area.

There were areas where the provider should make improvements.

Importantly the provider should:

- Ensure that the practice website contains sufficient health promotion information for patients.

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 good for providing safe services. The practice was able to provide evidence of a good track record for monitoring safety issues. When things went wrong, lessons were learned and improvements were made. The practice had an effective recruitment system and ensured appropriate checks on permanent and temporary staff were undertaken. There was a robust system in place to support effective medicine management.	**Good**
Are services effective? The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. The practice provided an individualised service to patients with suspected heart conditions. Patients were referred to a cardiologist to support early diagnosis and treatment this service was funded by the practice. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles.	**Good**
Are services caring? 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, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment.	**Good**
Are services responsive to people's needs? The practice is rated good for providing responsive services. It 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. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.	**Good**

Summary of findings

Are services well-led?	Good
The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and had an active PPG. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges with particular regard to the recruitment and retention of GPs.	

Summary of findings

The six population groups and what we found

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

Older people The practice is rated good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. Home visits were by the practice and a by a rapid access service commissioned by St Helens CCG. Communication with this service robust and details of consultations were accessed by the practice to support them to provider follow up care if required. The practice had regular contact with district nurses and other healthcare professionals to discuss any concerns.	**Good**
People with long term conditions The practice is rated good for the care of people with long-term conditions. These patients had a six monthly review with either the GP and/or the nurse to check that their health and medication. The practice had a system in place that allocated specific areas for administration staff to take the lead, for example there was a cancer care lead. The designated member of staff would ring patients and ask if the practice could offer any further support either through their own services or by accessing other services. If the patient expressed that they felt unwell this information was shared with a clinician to follow up.	**Good**
Families, children and young people The practice is rated good for the care of 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 met with a health visitor on a weekly basis to discuss any safeguarding issues as well as those children who had long term conditions. Immunisation rates were in line with local and national averages for high for all standard childhood immunisations. The practice had a system in place to ensure that a celebratory card was sent to new parents included with the card was an early years fact sheet that provided parents with a schedule of when immunisation would be carried out. It also provided information about the types of healthcare checks that would be made to ensure their baby was healthy and receiving the appropriate healthcare support. The practice was instrumental in providing a guide for parents and carers of children aged birth to five years. This guide provided	**Good**

information and guidance to manage general welfare, the first few months such as teething issues and childhood illnesses. This guide had been very successful and had been shared by the CCG with all practices in the area.

Working age people (including those recently retired and students) The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example the practice opened at 8am for early morning appointments and offered extended hours one day a week until 7.30pm. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.	**Good**
People whose circumstances may make them vulnerable The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. Staff had been trained 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.	**Good**
People experiencing poor mental health (including people with dementia) The practice is rated good for the care of people experiencing poor mental health (including people with dementia). All patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice team had undertaken dementia training and were 'Dementia Friends' (this is an Alzheimer's Society initiative to support people to learns a little bit more about what it's like to live with dementia and then turns that understanding into action to support people living with dementia to live well).	**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 16 comment cards and spoke with five patients all comments were positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs went the extra mile to provide care when patients required extra support. We also spoke with two members of the PPG who told us they could not fault the care they had received and felt the practice listened to them and valued their input to supporting improvements at the practice.

The practice had carried out a survey in 2014/2015. This showed that 99% of respondents felt they were treated with dignity and respect and 97% of respondents had confidence and trust in the clinical and administrative staff. Ninety percent said they would recommend the practice to family and friends. The survey identified that a number of patients were not aware they could ask to speak to a receptionist in a private area and that routine appointments could be booked four weeks in advance. The practice had taken action to bring this information to the attention of patients by displaying this around the practice.

We looked at the results of the NHS family and friends test (FFT) from April to June 2015. The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. This showed mixed results. In May 2015 (based on 11 patient responses) 90.9% of patients were either extremely likely or likely to recommend the practice. In June 2015 (based on 29 patient responses) 86% of patients were likely to recommend the practice and in July 2015 (based on 101 patient responses) 89% of patients were either extremely likely or likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that the practice website contains sufficient health promotion information for patients.

Outstanding practice

- The practice provided an individualised service to patients with suspected heart conditions. Patients were referred to a cardiologist to support early diagnosis and treatment this service was funded by the practice.
- The practice had a system in place that allocated specific areas for administration staff to take the lead, for example there was a cancer care lead. The designated member of staff would ring patients and ask if the practice could offer any further support either through their own services or by accessing other services. If the patient expressed that they felt unwell this information was shared with a clinician to follow up.
- The practice staff had undertaken dementia training and had become ‘Dementia Friends’ (this is an Alzheimer’s Society initiative to support people to learns a little bit more about what it's like to live with dementia and then turns that understanding into action to support people living with dementia to live well). The members of the Patient Participation Group had also been given the opportunity to undertake this training.
- The practice had a system in place to ensure that a celebratory card was sent to new parents included with the card was an early years fact sheet that provided parents with a schedule of when

immunisation would be carried out. It also provided information about the types of healthcare checks that would be made to ensure their baby was healthy and receiving the appropriate healthcare support.

- The practice was instrumental in providing a guide for parents and carers of children aged birth to five years. This guide provided information and guidance to manage general welfare, the first few months such as teething issues and childhood illnesses. This guide had been very successful and had been shared by the CCG with all practices in the area.

Care Quality Commission

Newton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a second CQC inspector, GP specialist advisor and a practice manager specialist advisor.

Background to Newton Medical Centre

Newton Medical practice is located in the Newton Le Willows area of Merseyside. It is responsible for providing primary care services to approximately 4183 patients. The practice population are of mixed gender and ages.

The staff team includes one regular GP who is not directly employed by SSP Health Ltd with additional GP services provided by locum and self-employed GPs. There is a practice manager, administration manager, and reception and administration staff. The practice is open 8am to 6.30pm Monday to Friday and offers extended opening hours on a Wednesday until 7.30pm. Patients requiring a GP outside of normal working hours are to contact the St Helens GP Rota services.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; extended, minor surgery, flu and shingles vaccinations and learning disability health checks.

During the inspection we discussed with the provider the need to add the regulated activity of surgical procedures to their registration. They agreed to make an application to the CQC as a matter of urgency.

Why we carried out this inspection

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. This 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.

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.

How we carried out this inspection

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

- 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
- Mothers, babies, children and young people

Detailed findings

- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health (including people with dementia)

We carried out an announced inspection of the practice and in advance of our inspection, we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 26 August 2015.

We reviewed the operation of the practice, both clinical and non-clinical. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We discussed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We sought views from patients, looked at survey results and reviewed comment cards left for us on the day of our inspection. We also spoke with the practice manager, GPs, senior managers from SSP Health Ltd, practice nurse, administrative staff and reception staff on duty.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely apology and were told about actions taken to improve care. 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. The practice carried out an analysis of the significant events.

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, a sample of GP consultations including locum GPs working at the practice were audited every four months to ensure clinical decision making was based on best practice and in line with National Institute for Health and Care Excellence (NICE) guidance. The audit also checked that the consultation was appropriately recorded in patients' records. Where issues were identified the local medical director for the organisation contacted the individual clinicians by email to discuss the results of the audit. The practice had access to audit results via their internal intranet.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance.

Overview of safety systems and processes

The practice had systems, processes in place, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs did not routinely attend safeguarding meetings but told us they would always provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and records showed that staff employed by SSP Health had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone (an impartial observer) could be provided, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).
- 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 regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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.
- Appropriate standards of cleanliness and hygiene were followed. 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.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Regular medication audits were carried out with the support of the organisation's medicines management team and the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.
- Recruitment checks were carried out and the five files we reviewed showed that the recruitment process was effective and all required checks had been carried out to ensure staff had the required skills and competencies to carry out their roles safely.
- 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. The practice had one regular self-employed GP who worked a minimum of three days per week at the practice. A senior manager of the organisation told us they had recently secured a further self-employed locum to cover the remaining clinical sessions at the practice.

Arrangements to deal with 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. The training records for staff employed by the organisation and locum GPs and self – employed GPs contracted to work on a sessional basis showed that staff had received annual basic life support training.

There were emergency medicines available in the treatment room and the practice had a defibrillator available on the premises. 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 and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and guidelines developed by St Helens Clinical Commissioning Group (CCG) and used this information to develop how care and treatment was delivered to meet needs.

SSP Health Ltd provided clinical updates to staff via email and a recently introduced newsletter. A GP forum was scheduled for September 2015 which would be an opportunity for GP training and learning. Regional meetings were also held by SSP Health Ltd for clinical staff to discuss current clinical issues. Clinical staff had access to training and educational events provided by the CCG.

The clinical staff we spoke to told us that 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. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

Protecting and improving patient health

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and there was information in the practice information leaflet. The practice had links with smoking cessation and alcohol services and staff told us these services were pro-actively recommended to patients. Health checks for patients aged 40–74 who did not have any existing chronic conditions were offered. New patients registering with the practice completed a health questionnaire and were given a new patient medical appointment with the practice nurse.

The practice provided an individualised service to patients with suspected heart conditions. Patients were referred to a cardiologist to support early diagnosis and treatment this service was funded by the practice.

The website for the practice contained information about clinics and services available however there was no health promotion information available. For example, regarding treatments for common conditions, information on long term conditions or sign posting to other services such as those for drug and alcohol misuse.

The practice had a system in place to ensure that a celebratory card was sent to new parents included with the card was an early years fact sheet that provided parents with a schedule of when immunisation would be carried out. It also provided information about the types of healthcare checks that would be made to ensure their baby was healthy and receiving the appropriate healthcare support.

The practice was instrumental in providing a guide for parents and carers of children aged birth to five years. This guide provided information and guidance to manage general welfare, the first few months such as teething issues and childhood illnesses. This guide had been very successful and had been shared by the CCG with all practices in the area.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF) and other sources to identify where improvements were needed and to take action. Quality and Outcomes Framework (QOF) information showed the practice was meeting its targets regarding health promotion and ill health prevention initiatives.

Information provided by the practice showed childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for pneumococcal vaccinations given to children up to five years were 97% which was higher than the CCG average of 96.2%.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services. Staff worked with

Good

Are services effective?

(for example, treatment is effective)

other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients who were at risk of unplanned hospital admissions.

Management, monitoring and improving outcomes for people

- The practice used a QOF calendar to monitor outcomes for patients and to also monitor their performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. The practice had recently registered with CQC and therefore there was no external clinical or patient data to include in this section of the report. QOF information viewed during the inspection showed that their performance (year 2014/15) for cervical screening of eligible women (aged 25-64) in the preceding five years was 81.35% compared with the national average of 81.35%

Quality improvement audits were being established and a schedule of audits had been planned for the year. For example, we saw an audit of cancer referrals and an audit for monitoring the use of high risk medications. We looked at the minutes of clinical meetings held in May, June and July 2015 where the results of clinical audits had been discussed between the practice manager and the lead GP (self-employed GP). The number of different GPs working at the practice highlighted the importance of newsletters and email updates as a method of communication. The practice participated in local CCG audits such the prescribing of specific medications.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Further information was needed in the operational guidance given to temporary GPs. Evidence reviewed showed that:

- 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.
- Locum and self-employed GPS received an induction from the practice manager and they had access to a Bank GP and locum GP Induction Pack which included information about the operation of the practice and policies and procedures.
- Staff employed by the organisation received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Locum GPs and self–employed GPs who worked for the organisation were offered the same training as employed members of staff.

A sample of records showed that GPs who had regularly worked at the practice from April to July 2015 were up to date with their yearly appraisals There were annual appraisal systems in place for all other members of staff.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice had a system in place that allocated specific areas for administration staff to take the lead, for example there was a cancer care lead. The designated member of staff would ring patients and ask if the practice could offer any further support either through their own services or by accessing other services. If the patient expressed that they felt unwell this information was shared with a clinician to follow up.

The practice staff had undertaken dementia training and had become 'Dementia Friends' (this is an Alzheimer's Society initiative to support people to learns a little bit more about what it's like to live with dementia and then turns that understanding into action to support people living with dementia to live well).

We received 16 comment cards and spoke to four patients. Patients all said that their privacy and dignity were promoted and they were very positive about the service experienced. All patients praised the whole staff team for their professionalism, helpfulness and caring approach.

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. 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 for carers to ensure they understood the various avenues of support available to them.

The practice had carried out a survey in 2014/2015. This showed that 99% of respondents (202 respondents) felt they were treated with dignity and respect and 96% of respondents had confidence and trust in the clinical and administrative staff.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us they felt health issues were discussed with them; they felt listened to and involved in decision making about the care and treatment they received. The practice had carried out a survey in 2014/2015. This showed that 96% of respondents (202 respondents) had confidence in the last GP or nurse they saw. Eighty two percent of respondents confirmed they would recommend this practice to family and friends.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example**,** the practice offered a range of enhanced services such as dementia assessments, avoiding unplanned admissions to hospital and providing an individualised service to patients with a learning disability.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients who were at risk of unplanned hospital admissions. Minutes of clinical and practice meetings showed the needs of these groups of patients were discussed and monitored.

The practice had a well-established Patient Participation Group (PPG). We spoke with two members of the group who told us they felt they worked in partnership with the practice to improve services. They told us they had raised issue with the practice about the phone system and the length of time it took to get through to the receptionists in the morning. The practice resolved this by using a dedicated mobile phone number between the hours of 8am to 11am to assist patients to make appointments. The PPG members also told us they had been invited to attend the 'Dementia Friend' training and were organising a charity coffee morning at the practice.

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

- There were longer appointments available for patients who needed them, such as patients with a learning disability.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice worked with the local pharmacy to support collection and delivery of medication to housebound patients.
- Winter pressures were dealt with by making extra GP sessions available to help reduce hospital admissions.
- There were disabled facilities and translation services available.
- Staff spoken with indicated they had received training around equality and diversity.

Access to the service

We received 16 comment cards and spoke to six patients. Patients said they were able to get an appointment when one was needed and felt they received a good standard of care.

We looked at a patient survey carried out by the practice in 2014/2015. The survey results indicated 75% of patients said the telephones were always answered promptly. The survey identified that 60% of patients were not aware that routine appointments could be booked four weeks in advance, 42% were not aware that in cases of medical emergency they would be seen on the day and 74% were aware they were able to request a chaperone to be present during a consultation. The practice had taken action to bring this information to the attention of patients by displaying this around the practice.

The practice was open from 8am-6.30pm Monday to Friday. The practice also offered extended opening on a Wednesday until 7.30pm. The practice offered pre-bookable appointments up to four weeks in advance, book on the day appointments and telephone consultations. Patients could book appointments in person, on-line or via the telephone. The practice had introduced a system whereby patients could cancel their appointments by text to attempt to reduce wasted appointments. Repeat prescriptions could be ordered on-line or by attending the practice.

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 the waiting room and in a practice leaflet. The

complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. We reviewed three complaints received within the last 12 months. All had been dealt with appropriately.

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. The practice was aware of future challenges with particular regard to the recruitment and retention of GPs.

Governance arrangements

Staff employed by the organisation and the lead GP attended a monthly meeting where practice related issues were discussed, such as significant events. Clinical meetings also took place and we saw the minutes from the last three meetings in May, June and July which showed audits, safeguarding and palliative care were discussed. Clinical and practice meeting minutes were available on the organisation's intranet for all staff working at the practice to access.

There was a system for reviewing GP consultations. We saw records that showed this had been carried out for the lead GP and the locum and self-employed GPs who worked at the practice. We were told that if any concerns were identified a meeting would be arranged to address them.

The practice had a number of policies and procedures in place to govern activity and staff knew how to access them. We looked at a sample of policies and procedures such as safeguarding and whistleblowing; the policies had been recently reviewed and contained the required information.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The clinical staff spoken with and senior managers told us that QOF data was regularly reviewed and action plans were produced to maintain or improve outcomes. Records showed the practice proactively monitored the QOF indicators to ensure patients received appropriate care and support.

Quality improvement audits were being established to improve clinical care and a schedule of audits had been planned for the year. Audits of non-clinical areas such as computer coding systems and medical document scanning also took place.

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

The Patient Participation Group (PPG) was well established and told us they felt they worked in partnership with the practice to improve services for patients. The PPG was made up of eight patients. The practice sought patient feedback by 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.

Staff told us they felt able to give their views at practice meetings or to the practice manager. Staff told us they could raise concerns and felt they were listened to and valued.