

Millbrook Medical Centre

Quality Report

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And

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Millbrook Medical Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Millbrook Medical Centre and at their branch surgery located at Tower Hill Resource Centre in Kirkby, Merseyside. This report covers our findings from both premises.

Overall the practice is rated as good.

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

- The practices are situated in purpose built premises with disabled access, translation services and a hearing loop at the main site.
- The practice was in a transitional phase of a major change in the way it delivered services to improve patient access, safety and outcomes. The practice identified issues, researched various methods and used continuous audit to monitor changes. There had been major changes to the team structure including changes to the nursing team, employment of a pharmacy team, the commissioning of a business management agency and a primary care facilitator. The practice had a business development plan which set out changes to be made and the practice also

acknowledged that change processes are not always smooth. There was room for improvement in communications for staff engagement during the change process.

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding. There was an emphasis on learning from significant events which drove changes within the practice.
- 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 practice published its duty of candour policy on the practice website.
- 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.
- The practice sought patient views about improvements that could be made to the service; including having a patient participation group (PPG) and acted, where possible, on feedback.

Summary of findings

There were elements of outstanding practice:

The practice was outstanding in terms of its approach to continuous improvement. The practice had project management plans in place for various aspects of the practice. For example, patient access and dealing with hospital letters. Projects included different phases of ascertaining the extent of any problems, researching and trying out new methods, and had evaluation systems built in to the projects. When performance didn't meet expected standards, the practice would alter the system again and re-evaluate.

The practice had a strong learning culture and had used information from incidents to make significant changes to the practice. For example:-

- The practice realised they received on average 900 incoming letters a week to process. Following an incident whereby some important information was missed within a letter from the hospital, the systems for reviewing letters was monitored and altered. As a result the practice had a dedicated team of staff who scanned letters within 24 hours and one session a day was given to a GP to read all hospital letters received and carry out any follow up actions.
- Following some medical emergencies, the practice had revised its emergency protocols and had a comprehensive emergency incident protocol and incident drill flow chart. The practice had introduced dry practice runs to ensure all staff knew what their role was. Emergency medication was centrally stored for quick access and the medication was arranged in quick grab bags with instructions on dosage/ administration and use for each medication. After each

incident there was a debrief session to determine if any lessons could be learned. As a result of a recent incident, the practice had purchased two oxygen cylinders to be able to respond to medical emergencies if there was a delay in paramedics attending.

- The management systems for dealing with safeguarding from reporting to monitoring and responding to requests for information had been tightened as a result of a significant event. This included having a dedicated member of staff who was responsible for the administration of any requests for information or invites to safeguarding meetings and to produce a clear audit trail of actions taken.

However, the provider should:-

- Utilise and record comments initially made by patients, who after speaking to staff no longer wished to make a verbal complaint, to use as another source of feedback to identify any trends or improvements that could be made.
- Ensure blank prescription pads for home visits are securely stored during the day.
- Look at the system for monitoring uncollected prescriptions to ensure clear accountability.
- Have a map of the building at each entrance to the premises for use by the fire services, clearly showing where oxygen is stored.
- Consider looking at improving staff engagement for any changes made to the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. For example, changes to medical emergency protocols and the introduction of dry runs, tightening of safeguarding procedures and dedicated daily sessions for GPs to review all incoming letters.

There were systems, processes and practices in place that were essential to keep patients safe including medicines management, infection control and safeguarding. There was emergency medication and equipment available.

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. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average. The practice had identified areas for improvement and had redesigned its approach to dealing with long term medical conditions. 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 not available in the waiting room but 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 providing well led services. The practice had embarked on a complete overhaul of its service from April 2016 and was in a transitional phase of a major change in the

Good



Summary of findings

way it delivered services to improve patient access, safety and outcomes. The practice identified, researched various methods and used continuous audit to monitor changes. Key areas in the process of change included:-

- Team structure and skill mix
- Patient access. The practice had a patient access project deliverable over set phases over time which also included the evaluation of the project but it was too early to tell if actions taken had had a positive effect.
- Patient Outcomes. The practice was in the process of implementing a new one stop service for managing patients with long term conditions. The practice had also designed templates to manage patient records.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for 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 the over 75s.

Good



People with long term conditions

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. The practice offered a phlebotomy service. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice were in the process of implementing changes to how they managed long term care by having a phlebotomist, the nursing team, the pharmacy team and a doctor on the day involved in a one stop service to meet the patient's needs.

Good



Families, children and young people

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.

Good



Working age people (including those recently retired and students)

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. The practice offers extended hours opening on a Wednesday evening until 8pm and on a Tuesday evening at their branch surgery until 8pm for pre-bookable appointments.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. The practice previously worked with the local domestic abuse services. The practice also worked with a local project called Big Help Project providing vouchers for the food bank and offering assistance to their debt advice services.

Good



People experiencing poor mental health (including people with dementia)

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 met every 3 months with psychiatry and mental health services for education and to discuss patients.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 (from 108 responses which is approximately equivalent to 1% of the patient list) showed the practice was performing in line with local and national averages in certain aspects of service delivery but lower in terms of accessing appointments and seeing the same GP. For example,

- 69% of respondents described their experience of making an appointment as good (CCG average 77%, national average 73%)
- 55% of patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 40% usually get to see or speak to their preferred GP (CCG average 63%, national average 59%).
- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

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

- 84% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 77% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, 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 8 comment cards, of which 5 were very complimentary about the service provided and three were dissatisfied with the service.

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 January to September 2016 from 107 responses showed that, 75 patients were either extremely likely or likely to recommend the practice and 7 responses said unlikely and 25 said neither or were unsure.

Millbrook Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a CQC Inspection manager and GP and practice manager specialist advisors.

Background to Millbrook Medical Centre

Millbrook Medical Centre has a main practice based in Kirkby Liverpool and a branch site located at Towerhill. There were 11,170 patients on the practice register at the time of our inspection.

The practice is a training practice managed by four GP partners (two male, two female). There are three salaried GPs. There is one nurse clinician, one practice nurse and a phlebotomist. The practice also participates in a national pilot employing a team of pharmacists. Members of clinical staff are supported by two business managers and a primary care facilitator, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. The practice offers extended hours opening on a Wednesday evening until 8pm and on a Tuesday evening at their branch surgery until 8pm for pre-bookable appointments. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of NHS Knowsley Clinical Commissioning Group.

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

Detailed findings

- 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. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 10 November 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.

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 business 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.

The practice had a strong learning culture and had used information from incidents to make significant changes to the practice. For example, following an incident whereby some important information was missed within a letter from the hospital, the systems for reviewing letters was first evaluated and then altered as the practice realised they received on average 900 letters a week to deal with. As a result the practice had a dedicated team of staff who scanned letters within 24 hours and one session a day was given to a GP to read all hospital letters received and carry out any follow up actions. Follow up audits were carried out which demonstrated increased productivity.

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 worked with the local medicines management team to review safety alerts and kept a record of all actions taken.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and children. As a result of a safeguarding incident, the management systems for dealing with safeguarding from reporting to monitoring and responding to requests for information had been tightened. For example, there was a dedicated member of staff who was responsible for administration of any requests for information or invites to safeguarding meetings and there was a clear audit trail of actions

taken. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice met weekly with the health visitor and had bi monthly vulnerable families meetings to discuss any safeguarding concerns.

- Notices in the waiting rooms advised patients that chaperones were available if required. 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).
- The practice was clean and tidy. One of the practice nurses was the infection control clinical lead and attended meetings with the local infection control teams. 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 was an infection control policy. 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. In response to complaints about repeat prescribing, the practice had new policies and had sought external training for both pharmacists and administration staff to focus on the quality, customer care and safety for repeat prescribing. Emergency medication was checked for expiry dates. Blank prescription pads for home visits were not securely stored during the day but there were systems in place to monitor their use. There was a system to monitor uncollected prescriptions however the line of accountability was not clear.
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, the appropriate checks through the DBS for clinical staff.

Monitoring risks to patients

Are services safe?

- There was a health and safety policy available at both sites which identified local health and safety representatives. There were records of 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.
- 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. Following some medical emergencies, the practice had revised its emergency protocols and had a comprehensive emergency incident protocol and incident drill flow chart. The practice had introduced dry practice runs to ensure all staff knew what their role was. Emergency medication was centrally stored for quick access and the medication was arranged in quick grab bags with instructions on dosage/administration and use for each medication. After each incident there was a debrief session to discuss if any lessons could be learned. As a result of a recent incident this included purchasing two oxygen cylinders to be able to respond to medical emergencies if there was a delay in paramedics attending.
- All staff received annual basic life support training.
- The practice had a defibrillator and oxygen which was checked regularly.
- 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.

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.

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.

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 good systems in place to ensure they met targets and results from 2014-2015 were 94% of the total number of points available. However, performance for mental health related indicators and diabetes management was lower for some targets compared with local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 80% compared to local average of 94% and national averages of 88%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 57% compared to a local average of 78% and national average of 88%.

The practice were aware of their performance issues and were working with mental health teams and looking to overhaul how they managed long term conditions by using a one stop service to ensure patient needs were met.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits. For example, checking NICE guidance was implemented to monitor blood pressure. The practice developed templates to record patient details, for example a palliative care template which had been adopted for use by the local area.

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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire safety awareness, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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

Are services effective?

(for example, treatment is effective)

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice met every 3 months with psychiatry and mental health services for education and to discuss patients.

The practice met weekly with the health visitor and bi monthly to discuss vulnerable families.

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.

Supporting patients to live healthier lives

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 or seen in-house.

The practice carried out vaccinations and cancer screening and performance rates were comparable with local and/or national averages for example, results from 2014-2015 showed:

- Childhood immunisation rates were comparable with local CCG and national averages
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 76% compared to a national average of 82%.

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.

Results from the national GP patient survey published in July 2016 (from 108 responses which is approximately equivalent to 1% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 92% of respondents said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 85% of respondents said the GP gave them enough time (CCG average 87%, national average 87%).
- 87% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 90% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 97%, national average 91%).
- 92% of respondents said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

The practice previously worked with the local domestic abuse services. The practice also worked with a local project called Big Help Project providing vouchers for the food bank and offering assistance to their debt advice services.

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. Results were comparable or above local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 88% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).
- 88% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).

Staff told us that telephone translation services were available and there were hearing loops at both practice premises.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carers' protocol and a register of carers on its list and had recorded 279 carers (2.5% of the patient list). The practice pro-actively offered flu vaccinations to carers.

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

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 people with a learning disability or when interpreters were required.
- The practice had a doctor on the day who would triage home visits.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice was aware of the Accessible Information Standards and there was hearing loop available at the main site.
- The practice offered a variety of clinics which also included sexual health and travel clinics.

Access to the service

The practice is open 8am to 6.30pm every weekday. The practice offers extended hours opening on a Wednesday evening until 8pm and on a Tuesday evening at their branch surgery until 8pm for pre-bookable appointments. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

Results from the national GP patient survey published in July 2016 (from 108 responses which is approximately equivalent to 1% of the patient list) showed that patient's satisfaction with how they could access care and treatment were lower compared with local and national averages. For example:

- 76% of respondents were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 77% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 84%, national average %).
- 55% of respondents said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).

- 40% of respondents said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 63%, national average 65%).
- 69% of respondents described their experience of making an appointment as good (CCG average 77%, national average 73%).

The practice was aware of the problems faced by patients in accessing appointments by telephone. In response to poor feedback from patients about access, the practice was in the process of conducting a patient access project. As part of this they had introduced a dedicated team to deal with appointments; and a traffic light system (red for urgent telephone assessment, amber for telephone assessment on the day and green for pre-bookable appointments) for when appointments were available. Information about how the new appointment system worked was available in the waiting room and within the practice information leaflet. However, there had been IT glitches to the telephone systems and it was too early to fully evaluate the effectiveness of the changes made but the practice had plans to do this.

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. However there was no information on display to advise patients how they could make a complaint.

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.

The practice discussed complaints at staff meetings. We reviewed a log of previous complaints and found written complaints were recorded and written responses included apologies to the patient and an explanation of events.

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 aim as 'to provide person centred care to enable our patients to live healthy lives'. The core values shared between staff was openness, fairness, respect and accountability. The practice had a business plan for 2016-2019.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- 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.
- 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.

Leadership, openness and transparency

The practice had an open culture but some staff engagement was not as good as it could be. 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.

The practice had a duty of candour policy which was available for patients on the practice website.

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

The practice encouraged and valued feedback from patients. 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. The PPG had worked with the practice to improve the appointment system.
- The practice had a suggestions leaflet which was also in an easy read format available at the reception desk at the main site.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice. The practice monitored comments received which were mainly very positive about the service.

Continuous improvement

The practice had embarked on a complete overhaul of its service from April 2016 and was in a transitional phase of a major change in the way it delivered services to improve patient access, safety and outcomes. The practice identified, researched various methods and used continuous audit to monitor changes. Key areas identified for change included:-

- Patient access. The practice was in the process of conducting a patient access project. The project consisted of a series of phases. One of the GPs had visited other practices to learn how others managed and had also spent time at reception to understand the pressures. The appointment system was constantly monitored.
- Team structure and making the most of the staff skill mix. There had been major changes to the team structure including changes to the nursing team, employment of a pharmacy team, the commissioning of a business management agency and a primary care facilitator.

The practice was in the process of implementing changes to how they managed long term care. Plans included having a phlebotomist, the nursing team, the pharmacy team and a doctor on the day, involved in a one stop service to meet the patient's needs. The practice had also designed templates to manage patient records.