Belle Vale Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Belle Vale Medical Practice on 28 April 2017. Overall the practice is rated as good.

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

- Belle Vale Medical Practice is situated in a health centre shared with other community clinics. There is disabled access, a hearing loop and translation facilities.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patients we spoke with and Care Quality Commission (CQC) comment cards reviewed indicated that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment but not necessarily with a named GP of their choice. Urgent appointments were available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

We saw an area of outstanding practice:

The practice engaged well with the patient participation group (PPG) and actively sought engagement within local community groups and their patients. For example,

- The practice hosted carer forum meetings for carers from their practice and other practices within the locality.
- The practice manger and chair of the PPG had attended a local school to gain the views of teenagers

Summary of findings

as to what medical services they required. Teenagers involved had helped produce a newsletter for the practice to highlight areas of importance to this population group.
- One of the GPs attended a primary school to give educational sessions regarding healthy lifestyles.
- The practice designed their own information leaflets and used humorous poetry to convey messages. For example, they designed a leaflet intended for the over 75s with useful contact numbers, information about obesity and information about cancer screening.
- Over the past 12 months the practice had run a monthly search of all patients over 85 years who had not been seen within the past year and reviewed their records. If there had been no contact with any health care professional they attempted to contact the patient by telephone, if unsuccessful they sent a letter and if that failed a visit to the patient was made.

The areas where the provider should make improvement are:

- Ensure the process of managing uncollected prescriptions follows the practice protocol, as outlined in the repeat prescribing policy.
- Monitor the prescribing of individual prescribers.
- Review any significant events to identify any trends to prevent reoccurrence.
- Carry out regular infection control audits.
- Consider whether the practice needs additional oxygen for use in medical emergencies. In addition, have appropriate safety signage for the room where oxygen is stored; and add information as to where oxygen is stored to the fire map at the entrance of the practice for fire officer's information.
- The practice should consider adding further advice to staff as to what to do in other types of emergency other than power /IT failure within the business contingency plan.
- Have a system to review dates for when safety checks such as electrical and for fire safety equipment are due.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. However, further improvements could be made by analysing events periodically to identify any trends to prevent reoccurrence; and to also look at any near misses.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. However, the practice needed to ensure that the management of uncollected prescriptions was in line with the protocols outlined in the repeat prescribing policy; and that any prescribing carried out by nursing staff was monitored.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents. However, the practice may wish to consider whether they have enough oxygen if an ambulance is delayed. In addition the practice should have appropriate safety signage for the room where oxygen is stored; and add information as to where oxygen is stored to the fire map at the entrance of the practice for fire officer's information.
- The practice should also consider adding further advice to staff as to what to do in other types of emergency other than power /IT failure within the business contingency plan.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients we spoke with and information from Care Quality Commission patient comment cards we reviewed indicated that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice engaged well with the patient participation group and actively sought engagement within local community groups and their patients. For example,

- The practice hosted carer forum meetings for carers from their practice and other practices within the locality.
- The practice manger and chair of the PPG had attended a local school to gain the views of teenagers as to what medical services they required.
- The practice designed their own information leaflets.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. Learning from complaints was shared with staff.

Are services well-led?

Good

The practice is rated as good for being well-led.

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- There were arrangements in place to monitor and improve quality and identify risk.

Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and protected learning time was available for all staff.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice had designed a leaflet intended for the over 75s with useful contact numbers.
- Over the past 12 months the practice had run a monthly search of all patients over 85 years who had not been seen within the past year and reviewed their records. If there had been no contact with any health care professional they attempted to contact the patient by telephone, if unsuccessful they sent a letter and if that failed a visit to the patient was made.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- Patients who were coded as 'housebound' did not receive recall letters, these patients were on a separate Long Term Chronic Disease Home Visit register which allowed the practice to arrange home visits with the practice nurse to carry out the reviews.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- The practice worked with midwives' and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics and provided immunisations.
- The practice had emergency processes for acutely ill children and young people.
- The practice manger and chair of the PPG had attended a local school to gain the views of teenagers as to what medical services they required. Teenagers involved had helped produce a newsletter for the practice to highlight areas of importance to this population group.
- One of the GPs attended a primary school to give educational sessions regarding healthy lifestyles.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students).

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had additional Saturday morning clinics for flu vaccinations for patients who could not attend during the working week.

People whose circumstances may make them vulnerable

Good

The practice is rated as 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.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice worked closely with the mental health services in Liverpool. The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations
- Staff had received training about suicide awareness and dementia.

Summary of findings

What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, of which 32 were positive about the standard of care received. Two comment cards highlighted a long wait for appointments and one about a nurse's appointment being changed without notice.

We spoke with five patients during the inspection. They were very satisfied with the service and care they received.

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 from February 2017 from 59 responses, showed that 53 patients were either extremely likely or likely to recommend the practice, and 4 were unsure or didn't know, and 2 were unlikely to recommend the practice.

Belle Vale Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to Belle Vale Medical Practice

Belle Vale Medical Practice is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 7500 patients living in Liverpool. The practice is managed by two GP partners (female) and has four salaried GPs. There is a nurse practitioner, practice nurses and a health care support worker. There is a practice manager and administration and reception staff. Belle Vale Medical Practice holds a General Medical Services (GMS) contract with NHS England.

The practice is open during the week; between 8am and 6.30pm. Patients can book appointments in person, online or via the telephone. The practice provides telephone consultations, pre bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Liverpool Clinical Commissioning Group (CCG).The practice is situated in an area with high deprivation.

Patients accessed the Out-of-Hours GP service by calling NHS 111.

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. 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)
- people whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia).

Detailed findings

The inspection team :-

- Reviewed information available to us from other organisations e.g. local commissioning group.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 28 April 2017.
- Spoke to staff and five representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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 carried out a thorough analysis of individual significant events. However, further improvement could be made by analysing significant events periodically to identify any trends and also looking at near misses.
- We reviewed one documented example which demonstrated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Medication safety alerts were discussed by the local medicines management team at neighbourhood meetings and the practice carried out audits.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who told us that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The nurse practitioner was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. There had been an annual audit of the whole building. The practice could further improve by carrying out their own infection control audits.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practiced had a designated prescription clerk. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, there was no monitoring of prescribing for individual prescribers. There was a system for managing uncollected prescriptions but it was not clear if these were checked by a GP before shredding as instructed in the repeat prescribing policy.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications,

registration with the appropriate professional body and the appropriate checks through the DBS. However, the recruitment policy needed to be updated to reflect that disclosure and barring checks were carried out.

Monitoring risks to patients

- There were procedures for assessing, monitoring and managing risks to patient and staff safety. The premises management carried out fire risk assessments and there had been a recent fire drill. However, fire extinguishers had not been checked since 2015 and the assessment for the electrical safety of the building was overdue. We were advised the checks were scheduled. Other risk assessments to monitor safety of the premises were also carried out, such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, the practice only had a small cylinder of oxygen which may not be enough to deal with an emergency if there was a delay in emergency services response time. In addition the practice did not have appropriate safety signage for the room where oxygen is stored; or information as to where oxygen is stored on the fire map at the entrance of the practice, for fire officer's information.
- A first aid kit and accident book were available.
- Emergency medicines were available in all consultation rooms and centrally at reception and all staff knew of their location. All the medicines we checked were in date and stored securely in locked boxes. However, we did identify an issue with unlabelled keys which could cause a delay in responding to the emergency. This was discussed with the practice who agreed to review the storage of medication in the central area.
- The practice had a comprehensive business continuity plan for major IT and power failure incidents only. The plan included emergency contact numbers for staff. The practice should consider adding further advice to staff as to what to do in other types of emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems 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 patients' needs. NICE guidelines were discussed at staff meetings.

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. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had achieved over 99% of the total points available between 2016-2017.

There was evidence of quality improvement including clinical audit. There was a structured approach to the management of quality improvement and the practice proactively identified audits in response to:

- Change in guidelines
- Significant events
- Following educational meetings

Audits included, antibiotic prescribing, metformin prescribing and discharge from hospital medications.

Clinical Case Reviews were used to look at whether management could have been better or to offer reflective learning opportunities. The practice had recently taken part in a National Cancer Audit.

The practice reviewed its antibiotic prescribing profiles on a monthly basis.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had locum GPs and there was a comprehensive induction pack available. In addition all referrals made by locums were monitored to ensure they were appropriate.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- 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. All staff had received an appraisal within the last 12 months. The GP partners met with salaried GPs to discuss their performance on an annual basis.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff attended external training days and had protected learning time once a month which incorporated team building exercises.

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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice participated in an unplanned admissions to hospital scheme

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Good

Are services effective?

(for example, treatment is effective)

The practice worked closely with the mental health services in Liverpool. The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations.

The practice worked with a diabetic specialist nurse for those patients with more complex needs.

Consent to care and treatment

GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and guidance for children. However, not all staff had received training about the Mental Capacity Act.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, health trainers and drug counsellors. In addition:

- One of the GPs attended a primary school to give educational sessions regarding healthy lifestyles.
- The practice manger and chair of the PPG had attended a local school to gain the views of teenagers as to what medical services they required. Teenagers involved had helped produce a newsletter for the practice to highlight various support groups that were relevant to this population group.
- There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using their own information leaflets.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Care Quality Commission comment cards we received were generally positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients from the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- The practice designed their own information leaflets and used humorous poetry to convey messages. For example, they designed a leaflet intended for the over 75s with useful contact numbers.
- Staff had received dementia awareness training.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example, domestic abuse advice. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 149 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice hosted carer forum meetings for carers from their practice and others within the locality.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice had additional Saturday morning clinics for flu vaccinations for patients who could not attend during the working week.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice engaged well with the patient participation group and actively sought engagement within local community groups and their patients. For example, the practice manger and chair of the PPG had attended a local school to gain the views of teenagers as to what medical services they required.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday.

Patients told us on the day of the inspection that they were able to get appointments when they needed them but may have to wait for an appointment for a GP of their choice.

The practice had a triage system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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.

Over the past 12months the practice had run a monthly search of all patients over 85 years who had not been seen within the past year and reviewed their records. If there had been no contact with any health care professional they attempted to contact the patient by telephone, if unsuccessful they sent a letter and if that failed a visit to the patient was made.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings