

# Litherland Practice

## Quality Report

Hatton Hill Road  
Litherland  
Liverpool  
L21 9JN  
Tel: 0151 475 4840  
Website: [www.ssphealth.com/  
our-practices/litherland-practice](http://www.ssphealth.com/our-practices/litherland-practice)

Date of inspection visit: 10 September 2015  
Date of publication: 26/11/2015

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
Areas for improvement	8

### Detailed findings from this inspection

Our inspection team	9
Background to Litherland Practice	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 Litherland Practice on 10 September 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for all the population groups it serves.

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.
- Urgent appointments were available the same day but not necessarily with the GP of their choice.
- 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.
- Recruitment records needed improvement with regard to the carrying out of health checks on prospective employees and or locum staff.
- 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.

There were areas where the provider should make improvements.

Importantly the provider should:

# Summary of findings

- Ensure that health assessments are considered as part of the recruitment process to ensure staff are able to carry out their roles effectively.
- Ensure that the practice website contains sufficient health promotion information for patients.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General f findings

# 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 a recruitment system in place that overall ensured appropriate checks on permanent and temporary staff were undertaken. However, physical and mental health checks had not been carried out for those staff not directly employed by SSP Health Limited. 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. Data showed patient outcomes were at or above national averages. 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 as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. 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 easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The practice website did not have health promotion information to support patients to effectively manage their health.

Good



### Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve

Good



# Summary of findings

quality and identify risk. The practice sought feedback from staff and patients, which it acted on. Staff employed by SSP Health had received inductions, regular performance reviews and attended staff meetings and events. Self –employed and locum GPs received external appraisals, in house induction and were invited to staff meetings with relevant information being shared by email if they were unable to attend.

# 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 the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health development and immunisation clinics were provided. Childhood immunisation rates for the vaccinations given were comparable to or exceeded CCG averages. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns. There was a policy of same day appointments for all children. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding children. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised.

Good



### 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 practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments in person or via the telephone and repeat prescriptions could be

Good



# Summary of findings

ordered on-line which provided flexibility to working patients and those in full time education. The practice had introduced a system whereby patients could cancel their appointments by text which made it easier for patients and aimed to increase access by reducing wasted appointments. Health checks were offered to patients who did not have any existing chronic disease to promote patient well-being and prevent any health concerns.

## **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). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual health check and a high proportion had a mental health care plan agreed and reviewed. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2015 showed the practice was generally performing in line with local and national averages. There were 390 survey forms distributed for Litherland Practice and 104 forms were returned. This is a response rate of 26.7% of the patient list size which is over 2000.

- 85.7% said the GP was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.
- 89.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.3% and national average of 95.3%.
- 79.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85.1%.
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 83.3% and national average of 86.9%.
- 93.6% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97.1% and national average of 97.2%.

Responses showed the practice was above average in telephone access and experience of making an appointment:

- 81.7% of patients described their experience of making an appointment as good compared to the CCG average of 66.9% and national average of 73.8%.
- 87.2% of patients said they were able to see or speak to someone the last time they tried compared to the CCG average of 81.1% and the national average of 85.4%

Responses for waiting times and recommending the practice were slightly below local and national average:

- 61% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62.8% and national average of 65.2%. 52.7% of patients said they would recommend the practice to someone new to the area compared to the CCG average of 68.7% and national average of 78%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards. During the inspection we spoke with four patients. All patients were generally positive about the service received, the majority said they felt listened to and involved in decision making about the care and treatment. All commented that the reception staff were caring and helpful. Patients said they were generally able to get an appointment when one was needed.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure that health assessments are considered as part of the recruitment process to ensure staff are able to carry out their roles effectively.
- Ensure that the practice website contains sufficient health promotion information for patients.



# Litherland Practice

## 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 Litherland Practice

Litherland Practice is located in the Litherland area of Liverpool. It is responsible for providing primary care services to approximately 2705 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, reception and administration staff. The practice is open 8am to 6.30pm Monday to Friday. Patients requiring a GP outside of normal working hours are advised to contact the GO to DOC service.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services for example; childhood Vaccination and Immunisation Scheme, flu and shingles vaccinations and facilitating timely diagnosis and support for people with dementia.

## 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
- 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)

## Detailed findings

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 10 September 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 area manager, local medical director, a GP, senior managers from SSP Health Ltd, practice nurse, administrative staff and reception staff on duty.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of these significant events and this also formed part of GPs' individual revalidation process.

The practice held staff meetings at which significant events were a standing item on the agenda and were discussed in order to cascade any learning points. We saw that a meeting had taken place to discuss an annual summary of significant events. Learning from significant events was cascaded to GPs who did not regularly work at the practice via a newsletter sent by email.

We viewed documentation which included details of the events, details of the investigations, learning outcomes including what went well and what could be improved. We saw that information from patient complaints were also incorporated into significant event findings if relevant. We noted through information on a comment card that a complaint about clinical care had not been managed effectively. The local medical director told us this would be addressed and the patient would receive a response in a timely manner.

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 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. The health and safety of the building was managed by the owners of the building. There was a health and safety policy available with a poster in the reception office. The practice were provided with information by the owners of the building to assure themselves that 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.
- 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. We discussed with a senior manager of SSP health the need to review where the organisation stored hand written prescription pads used daily by GPs. During the inspection the manager told us they had been moved to a more secure location and a new system had been put in place.
- 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

## Are services safe?

carry out their roles safely. However, recruitment records for those staff not directly employed by the provider such as self-employed GPs did not contain information that demonstrates that they were physically and mentally fit to carry out their roles safely and competently.

- 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.

- We noted that one clinician spoken with did not know how to access the emergency alarm on the computer system or the alarm situated in the consulting room if there was an emergency with a patient. This was discussed with senior managers for SSP Health who agreed to address this learning need with the clinician and to include this information in the locum GP induction pack.

# 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 Southport and Formby 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 being held in late 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 Clinical Commissioning Group (CCG).

The clinical staff we spoke to told us that patients' consent to care and treatment was sought in line with legislation and guidance. Some of the staff spoken with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Records showed all clinical staff had undertaken Mental Capacity Act training. We discussed with the clinical director for the practice the need to review learning outcomes with staff following training to ensure they have acquired the necessary skills and competencies. 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 some 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 website for the practice contained information about clinics and services available, although there was no health promotion information available. For example, regarding treatments for common conditions, information on long term conditions or sign posting to support services such as those for drug and alcohol misuse.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF – this is a system intended to improve the quality of general practice and reward good practice) and reward good practice 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.

Childhood immunisation rates for the vaccinations given were comparable to or exceeded CCG averages. For example, childhood immunisation rates pneumococcal vaccinations given to children up to five years were 95.2% compared with the CCG average of 93.1%.

### 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 were 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 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 participated in the Quality and Outcomes Framework system (QOF). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. The data provided for this practice showed they were an outlier for some of the QOF

# Are services effective?

## (for example, treatment is effective)

clinical targets with particular regard to care of patients with diabetes. Discussions with senior managers and a review of up to date data showed the practice had made improvements in the monitoring and recall systems for patients with long term condition this had resulted in improved health outcomes. Data from 2013-2014 also showed:

- The dementia diagnosis rate was 85.7% when compared to the national average of 83.8%.
- Performance for cervical screening of eligible women (aged 25-64) in the preceding five years was similar to the national average.
- The percentage of patients with atrial fibrillation currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100% when compared to the national average of 98.32%.

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 April, May, June and August 2015 where the results of clinical audits had been discussed between the practice manager and the lead GP (self-employed GP). Given that a number of different GPs work at the practice it would be difficult for any learning from audits to be shared through formal meetings which 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, as not all clinical staff working at the practice knew where the emergency call button was located in the clinical room or how to use the alarm function in the computer system used by the practice.

Further 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 June 2015 were up to date with their yearly appraisals. There were annual appraisal systems in place for all other members of staff.

# 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 proactively supported patients with dementia to access services. There was a system in place for reception staff to contact patients with dementia prior to an appointment to support them to attend the appointment.

We received 28 comment cards and spoke to four patients. Patients all said that their privacy and dignity were promoted and they were generally positive about the service experienced. All patients said the practice manager and reception staff were caring and helpful. One comment card raised an issue and we were given permission to share this with the practice. This concern was discussed with the area clinical director who told us he would contact the patient to discuss this issue in more detail. The majority of comments about the care and treatment provided by the GPs were positive.

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.

Data from the National GP Patient Survey July 2015 showed that patients' responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about average when compared to local and national averages.

The practice had carried out a survey in 2015. This showed that 90% of patients who responded felt their experience was excellent or very good.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that generally they felt health issues were discussed with them; they felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey July 2015 (There were 390 survey forms distributed for this practice and 104 forms were returned. This is a response rate of 26.7%) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 82.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84.7% and national average of 86.3%.
- 79.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.9% and national average of 81.5%.
- 93.6% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97.1% and national average of 97.2%.
- 85.7% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.



# 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 and avoiding unplanned admissions to hospital.

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 has a newly formed Patient Participation Group (PPG) and the group were in the process of identifying priority areas for practice development.

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.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- 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

Results from the national GP patient survey from July 2015 (There were 390 survey forms distributed for this practice and 104 forms were returned. This is a response rate of 26.7%) showed that patient's satisfaction with some aspects of access to care and treatment was comparable to local and national averages. People we spoke to on the day were able to get appointments when they needed them. For example:

- 69.9% patients said they could get through easily to the surgery by phone compared to the CCG average of 64.8% and national average of 74.4%.
- 81.7% patients described their experience of making an appointment as good compared to the CCG average of 66.9% and national average of 73.4%.
- 95.9% said the last appointment they got was convenient compared to the CCG average of 92.2% and the national average of 91.8%.

However, patient satisfaction about recommending this practice to someone new to the area was 52.7% this was significantly lower when compared to the CCG average of 68.7% and the national average of 78%.

We received 28 comment cards and spoke to four patients. Patients said they were generally able to get an appointment when one was needed.

We looked at a patient survey carried out by the practice in 2014/2015 (In total 82 patients responded to the questionnaire this equated to approximately 3% of the practice population)

The survey results indicated 81% of patients said they could get a routine appointment when they needed one.

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



## Are services responsive to people's needs? (for example, to feedback?)

The practice kept a complaints log for written complaints. We reviewed three complaints received by the practice within the last 12 months. All had been dealt with in line with the practice's complaints policy and procedure.

# 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.

### 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 April, May and June 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, 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) had recently being formed and was in the process of identifying priority areas to support improvement in the practice. The PPG was made up of five patients. The practice sought patient feedback by other means such as utilising a suggestions box in the waiting room and having an in-house patient survey. 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.