

# St Andrews Medical Centre 3

## Quality Report

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Date of inspection visit: 10/09/2015 and 24/09/2015  
Date of publication: 19/11/2015

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	3
The six population groups and what we found	5
What people who use the service say	7

### Detailed findings from this inspection

Our inspection team	8
Background to St Andrews Medical Centre 3	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Andrews Medical Centre 3 on 10 September 2015 and 24 September 2015. Overall the practice is rated as good.

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

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- 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.

### 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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients gave average ratings to the practice for most 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 as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was

Good



# Summary of findings

well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was developing but active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice 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. All reception staff were Dementia Friends. (Dementia Friends receive training to learn more about what it is like to live with dementia, and give them a greater understanding of dementia). 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. Nursing staff had lead roles in chronic disease management and there was a patient/practice agreement for patients with long term conditions. Patients over the age of 65 at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. All staff had received training in safeguarding and most had also received awareness of domestic violence training. GPs attended regular safeguarding meetings. Immunisation rates were above the national average for standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. The practice had a Facebook page used as a way to engage with young people.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflects the needs for this age group. Early morning appointments were available and patients could book an appointment 24 hours a day using an on-line and telephone booking system.

Good



## **People whose circumstances may make them vulnerable**

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 homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability. The practice had signed up to the Pride in Practice scheme to support lesbian, gay and bi-sexual patients.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how 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 in normal working hours and out of hours.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health were offered double appointments, and all were offered an annual health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and all reception staff were Dementia Friends.

Good



# Summary of findings

## What people who use the service say

The latest National GP Patient Survey results showed the practice was performing above local and national averages in some areas.

- 68% find it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 88% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 74% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 100% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

- 77% describe their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 75% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 67% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Patients commented that staff and GPs were approachable and it was not difficult to access appointments. They said they found the environment pleasant.

# St Andrews Medical Centre 3

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a practice manager specialist advisor and an expert by experience. An expert by experience is someone who uses health and social care services.

## Background to St Andrews Medical Centre 3

St Andrews Medical Centre 3 (also known as Dr Yates & Fletcher) is located in purpose built premises close to the centre of Eccles. It is fully accessible to the disabled and those with mobility difficulties. There is a car park at the rear and street parking close by.

There are three GP partners (two female and one male) and a female salaried GP.

There are two other GP practices located in the same building. The three practices share a practice manager and all other staff, including nurses. The policies are for all three practices. There is a practice nurse, a nurse prescriber, two nurse practitioners and a phlebotomist. There is also a practice manager, deputy and administrative and reception staff.

The practice and telephone lines are open from 8am until 6.30pm. GP appointment times vary daily as follows:

Monday 9am until 12.50pm, 3pm until 6pm.

Tuesday 7.30am until 8.30am, 9am until 11.50am, 3.50pm until 6pm.

Wednesday 7.15am until 11.40am, 3pm until 6pm.

Thursday 9am until 11.35am, 3pm until 6pm.

Friday 9am until 11.35am, 3pm until 5.40pm.

There is flexibility with these times so GPs can see patients in an emergency.

The practice has a General Medical Service (GMS) contract with NHS England. At the time of our inspection 3983 patients were registered. The practice is in an area of high deprivation.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider.

## 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.

## 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?



# Detailed findings

- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

- People experiencing poor mental health (including people with dementia)

For example:

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 and 24 September 2015. During our visit we spoke with a range of staff including GPs, practice nurses, reception and administrative staff and the practice manager. We spoke with eight patients. We reviewed 29 comment cards where patients shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Staff were in the process of being trained to use new incident reporting forms. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Significant events was a regular agenda item at practice meetings. Lessons were shared to make sure action was taken to improve safety in the practice. We saw examples of changes made to practice as a result of significant events.

### Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- 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 clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP at the practice for safeguarding, and they had been trained to the appropriate level (level 3). The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We saw an example of reception staff taking their concerns about a patient to the lead GP. Safeguarding was an agenda item at practice meetings and staff had received appropriate training.
- Notices were displayed to inform patients they could request a chaperone if required. All staff who acted as a chaperone had been trained for the role and a Disclosure and Barring Service (DBS) check had been carried out. These checks identify whether a person has a criminal record or is on an official list of people barred

from working in roles where they may have contact with children or adults who may be vulnerable. All the staff we spoke with were aware of their role while chaperoning a patient.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a health and safety induction pack for new staff. The practice had up to date fire risk assessments and regular fire drills were carried out. Electrical equipment had been checked to ensure the equipment was safe to use and the practice manager was in the process of sourcing a company to update these checks. Clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Practice nurses took the lead for infection control. Staff received training on infection control during their induction training and the infection control leads provided staff with any updates. The majority of the GPs and practice nurses had received training. We saw that infection control was an agenda item at practice meetings. Full infection control audits were carried out every 18 months. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the seven files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. These included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was usually only a maximum of one GP off at a time. All other staff within

## Are services safe?

the premises were shared between three GP practices, including this one. 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**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines

available in the treatment room. The practice had a defibrillator available on the premises. Oxygen was also available. All staff knew where it was kept and regular checks were carried out to ensure they were ready for use. All the medicines we checked were in date and fit for use.

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

# 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 National Institute for Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. We saw evidence that when new guidance was received it was disseminated to all relevant staff by email.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. The staff we spoke with had a clear understanding of the Gillick competencies. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. One of the GPs had received training in the Mental Capacity Act 2005. There was a consent policy in place and various consent forms were available and used appropriately.

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives and those at risk of developing a long-term condition. Patients were then signposted to the relevant service. The practice had good links with other services in the area. These included stoma nurses, midwives and health visitors.

In 2013-14 the practice's uptake for the cervical screening programme was 83.17%, which was slightly above the national average of 81.88%. The practice wrote to patients if their screening was due and they also sent text reminders.

Childhood immunisation rates for the vaccinations given were above the national averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 83.3% to 100% and five year olds from

90.3% to 100%. Flu vaccination rates for the over 65s were 76.82%, and at risk groups 47.85%. These were in line with the national averages. These figures are for the year 2013-14. Open surgeries were being arranged for the start of the flu vaccination programme for the winter of 2015-16.

Patients had access to appropriate health assessments and checks. NHS health checks for people aged 40-74 were carried out on an ad hoc basis and the practice carried out health checks for those aged over 75. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice nurses were involved in smoking cessation or weight management services.

One of the practice nurses took the lead for managing long term conditions, but all GPs were also involved. The clinical commissioning group (CCG) provided training in managing all long term conditions. Patients were fully involved in the management of their conditions and there was a patient/practice agreement signed by both parties to monitor results and maximise the improvements that could be made by working together.

### Coordinating patient care

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 test results. Information such as NHS patient information leaflets was also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that fortnightly multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for

# Are services effective?

(for example, treatment is effective)

the QOF and performance against national screening programmes to monitor outcomes for patients. QOF results for 2013-14 were 98% of the total number of points available, which was above the national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-14 showed

- Performance for diabetes related indicators was better than the average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average.
- Performance for mental health related and hypertension indicators was mainly above the national average.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of clinical audits completed where the improvements made were checked and monitored. The practice had identified a high number of A&E attendances for falls. This was investigated and an elderly care consultant attended the practice to discuss the resulting data. An action plan was put in place and the attendances decreased.

The practice also worked on avoiding unplanned hospital admissions for patients over the age of 65. They looked at

the A&E admissions of their patients and checked the availability of district nurses for the patients. To date they had audited the results twice to monitor a reduction in unplanned admissions and the work was on-going.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- 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.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. All staff had undertaken an appraisal within the last 12 months.

Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

# 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.

All of the 29 patient CQC comment cards we received were 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 also spoke with one member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff told us that when patients wanted to discuss sensitive issues or appeared distressed there was a private room they could use. Notices in the patient waiting room told patients how to access a number of support groups and organisations. 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

GPs asked patients if they were carers and this information was then recorded on the computer system. Carers received support and were also asked if they would be interested in joining the PPG. All reception staff were Dementia Friends.

Results from the national GP patient survey showed patients were usually happy with how they were treated and that this was with compassion, dignity and respect. The practice had average satisfaction on consultations with doctors and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.

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

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients' responses were slightly below average when asked 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:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language.

# 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 clinical commissioning group (CCG) to improve outcomes for patients in the area. GPs and practice nurses regularly met with the CCG and other practices in the area to discuss improvements that could be made.

The practice had a developing patient participation group (PPG). There was a lead member of the PPG who they were working closely with to ensure the group was representative of the patient population. The group currently had nine members who met once a month and we saw that changes had been made to the practice as a result of suggestions made by the PPG. These included an LED screen being installed in the reception area to replace the tannoy system informing patients their GP was available, and a baby changing unit being installed in the disabled toilet.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered early morning appointments twice a week in response to working patients who could not attend during normal opening hours. They had completed a business case for the CCG to provide access 8am until 8pm Monday to Friday and Saturday mornings and were waiting to see if this had been successful.
- Appointments could be booked on-line, and a 24 hour a day telephone appointment booking service was in use. Repeat prescriptions could be ordered on-line.
- Patients could request a telephone consultation with a GP.
- The baby clinic day had been changed when patients informed them it clashed with another service in the area the same patients attended.
- All patients with a mental health condition were invited for a full annual health check. GPs explained that there was a high prevalence of mental health conditions in the area and they took this opportunity to address all health issues with these patients.
- There were longer appointments available for people with a learning disability.

- Home visits were available for older patients / patients who would benefit from these. These included for routine appointments such as for flu vaccinations.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Until recently there had been a hearing loop and we saw a new one had been ordered.
- Leaflets were available in different languages and also in braille.
- The practice had started the Pride in Practice programme which is a quality assurance service that strengthens and develops the practice's relationship with lesbian, gay and bisexual patients within the local community.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The telephones were available during the same times. Appointments with GPs were different each day and were as follows:

Monday 9am until 12.50pm, 3pm until 6pm.

Tuesday 7.30am until 8.30am, 9am until 11.50am, 3.50pm until 6pm.

Wednesday 7.15am until 11.40am, 3pm until 6pm.

Thursday 9am until 11.35am, 3pm until 6pm.

Friday 9am until 11.35am, 3pm until 5.40pm.

GPs explained that there was some flexibility with these times and if a patient needed to be seen urgently they would see them at the end of the usual surgery times. The feedback we received from patients confirmed this, with patients saying emergency appointments were available when required.

Appointments could be made up to four weeks in advance. On the day of our inspection we saw that emergency appointments were available the same day, and pre-bookable appointments were available for the following day.

The practice monitored the number of telephone contacts received, and how many requests resulted in an appointment being booked. This was audited each month and used to monitor patients' satisfaction with the appointments system.



# Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 68% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 77% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 75% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

## Listening and learning from concerns and complaints

The practice had a system in place 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.

There was written information about how to complain available in the waiting area of the practice and on the website. All the staff we spoke with were familiar with the procedure and knew how to advise patients.

There had been two formal complaints made in the previous year. We saw that these had been recorded, investigated and appropriately responded to. They were discussed in practice meetings to ensure all staff were aware of any issues and learning could be shared.



# 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 had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and the staff we spoke with were aware of this

### Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Most policies and procedures were shared with the other two practices in the building and were managed by the practice manager who covered all three practices.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- 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 audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. The patient participation group (PPG) had been re-launched earlier in the year when the new practice manager took up post.
- Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

### Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. It worked with neighbourhood practices in the Eccles Together pilot to gain feedback from patients, staff and the local community. It had also worked with neighbouring practices in an Ethnicity Access project. This looked at health-seeking behaviours of different ethnic communities and was a way to inform service decisions for the practice and CCG.