

# Morrill Street Group Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Morrill Street Group Practice on 8 September 2015.

Overall the practice is rated as good.

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

- Two week pre-bookable and urgent appointments were available the same day.
- The practice had good facilities including disabled access to first floor consulting rooms.
- Information about services and how to complain was available in the practice leaflet and on their website. The practice sought patient views about improvements that could be made to the service.
- The practice proactively sought to educate their patients to manage their medical conditions and improve their lifestyles by having additional in house services available. These included smoking cessation and long term conditions clinics.

- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- The practice made good use of audits and had shared information from their audits with staff to promote better patient outcomes.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure all staff appraisals are completed in line with the practice policy arrangements.
- Ensure infection control training is completed for all staff in the practice in particular to basic hand washing techniques.

**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 sufficient numbers of staff with an appropriate skill mix to keep patients safe. However, not all staff had completed infection control training. Appropriate recruitment checks had been carried out on staff.

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 some staff appraisals and personal development plans, however, not all staff appraisals had been completed. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect and maintained confidentiality. Data from the National GP Patient Survey showed that patients rated the practice as slightly above others for several aspects of care compared to local and national averages.

Good



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

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat

Good



# Summary of findings

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

## Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events. However, some staff had their appraisals yet to be completed. The practice was aware of future challenges.

**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 good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population, if necessary as well as rapid access appointments for those with enhanced needs. The practice offered home visits and usual doctor appointments to improve continuity of care. The practice had regular contact with community nurses and participated in meetings with other healthcare professionals to discuss any concerns.

Good



### People with long term conditions

The practice is rated good for the care of people with long-term conditions. These patients had a regular review with either the GP and/or the nurse to check their health and medication. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients were encouraged to manage their conditions and were referred to health education and other in-house services when necessary, for example a dietician. Longer appointments and home visits were available when needed. 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, for example, children and young people who had a high number of A&E attendances. Immunisation rates were good for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. 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.

Good



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

The practice is rated good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted

Good



# Summary of findings

the services it offered to ensure these were accessible. For example, the practice opened evenings until 6.00pm for those people who could not attend during normal opening hours. The practice could also refer patients to their branch surgery at peak times. A dedicated on-call GP was available for emergency telephone advice and dedicated receptionist time for obtaining test results. The practice also offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

## 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. It had carried out annual health checks for people with a learning disability and 100% of these patients had received a follow-up.

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 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). 97% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advanced 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

Results from the National GP Patient Survey July 2015 (from 106 responses which is equivalent to 0.7% of the patient list) demonstrated that the practice was performing in line or above local and national averages.

- 76% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 82% and national average of 86%.
- 81% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 82% and national average of 85%.
- 83% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 85% and national average of 88%.
- 94% of respondents say the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 92% and national average of 91%.
- 93% of respondents say the last nurse they saw or spoke to was good at listening to them compared with a CCG average of 92% and national average of 91%.

- 54% of respondents described their experience of making an appointment as good compared with a CCG average of 73% and national average of 73%.
- 77% of respondents find the receptionists at this surgery helpful compared with a CCG average of 85% and national average of 86%.
- 94% of respondents had confidence and trust in the last GP they saw or spoke to compared with a CCG average of 93% and national average of 95%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 (which is 0.14% of the practice patient list size), comments on the cards were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with dignity and that staff and GPs were polite, courteous and professional.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure all staff appraisals are completed in line with the practice policy arrangements.
- Ensure infection control training is completed for all staff in the practice in particular to basic hand washing techniques.

# Morrill Street Group 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 GP specialist advisor, a Practice Manager and an Expert by Experience.

## Background to Morrill Street Group Practice

Morrill Street Group Practice's practice is located in a residential area of Hull and serves the surrounding areas of East Hull and Holderness Road. There are 13,823 patients on the practice list and the majority of patients are of white British background. There are six GP partners four of which are male and two are female. There are three practice nurses and three healthcare assistants. They are supported by a business manager, reception and administrative staff. The practice is supported by cleaning duties from an external provider.

The practice is in a comparatively deprived area and has a higher than average number of patients with health related problems in daily life and patients in receipt of Disability Allowance.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures, and treatment of disease, disorder and injury.

The main practice is open for appointments on extended hours 8.00am to 6.00pm Monday to Friday. The Victoria Dock branch surgery is open Monday, Tuesday, Thursday

and Friday 8.00am till 6pm and closed for lunch between 12.30pm and 1.30pm. On Wednesdays the branch surgery is open 8.00am till 12pm. Out of Hours services are provided via the 111 service.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services for example; childhood vaccination and immunisation scheme, minor surgery and timely diagnosis and support for people with dementia. The practice currently has an active patient participation group (PPG).

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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 and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?



# Detailed findings

- 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
- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England and Healthwatch.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 8 September 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- Observed how staff handled patients and their information securely during telephone calls into the practice.

# 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. All complaints received by the practice were entered onto the system and automatically treated as a significant event with actions and learning recorded. The practice carried out an analysis of the significant events and this also formed part of practice staff meetings.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

### 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, infection control, medication management and staffing.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were accessible to all staff and 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. The safeguarding lead 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.
- A notice was displayed in the waiting room, advising patients that appropriate staff would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up

to date fire risk assessments and fire drills had been carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

- Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place. Records showed that not all staff had received up to date training. In addition infection control training did not form part of the new staff induction process. The practice completed internal audits and acted on any issues where practical. 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. Prescriptions were issued electronically and were signed by the GP before being given to the patient or pharmacy.
- Recruitment checks were carried out and the three files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 in particular at busier periods and at times of staff absence.

### Arrangements to deal with emergencies and major incidents

## Are services safe?

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 and oxygen with adult and children's masks. There was also a first aid kit

and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

# 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 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. For example, NICE guidance for patients with atrial fibrillation.

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. Consent forms for surgical procedures were used and scanned into patient's medical records.

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice's uptake for the cervical screening programme was 81.1%, which was marginally below the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG and National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 83.0% to 95.5% and five year olds from 93.9% to 100%. These results were all above the local CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

### Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 internal systems. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were 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 ongoing care and treatment. This included when people moved between services, when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a six to eight week 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 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 all attended health reviews. The practice had achieved 98.9% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for cancer assessment and care related indicators was higher than the local CCG and national averages. (100% compared to 96.3% locally and 95.5% nationally).
- Performance for heart failure related indicators was better than the local CCG and national averages. (98.5% compared to 96.4% locally and 97.1% nationally).

# Are services effective?

(for example, treatment is effective)

- Performance for mental health assessment and care related indicators was better than the local CCG and national averages. (100% compared to 85.3% locally and 90.4% nationally).
- Performance for public health for example, child health related indicators was better than the local CCG and national averages. (100% compared to 94.7% locally and 98.8% nationally).
- Performance for dementia diagnosis related indicators was better than the local CCG and the national averages. (97.3% compared to 89.0% locally and 93.5% nationally).

The practice could evidence quality improvement with a number of clinical audits. We saw records of at least two clinical audits had been completed in the last year and were completed audit cycles that demonstrated improvements had been implemented and reviewed. The practice participated in local CCG audits such as antibiotic prescribing and palliative care patients. Both audits had actions to improve the overall clinical care for patients and been shared with practice staff in training sessions to improve treatment outcomes for these patients.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff 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.

All GPs were up to date with their yearly appraisals. There were annual appraisal systems in place for all other members of staff. However, not all staff had completed their annual appraisal in-line with the practice policy arrangements.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in July 2015 and patient satisfaction questionnaires completed by patients when attending the practice. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. We also spoke with three members of the PPG following 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.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Disposable curtains were provided in consulting rooms and treatment 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.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. 77.3% patients said they found the receptionists at the practice helpful compared to the CCG average of 85.3% and national average of 86.9%.

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. Staff told us that if families had suffered 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.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was 91.1% compared to the CCG average of 91.8% and national average of 90.4% for its satisfaction scores on consultations with nurses.

All of the 20 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. 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.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard and telephone system was located away from the reception desk which helped keep patient information private. In response to the PPG, a new appointment booking system had recently been introduced to improve the number of available appointments. All staff took patient telephone calls for the first 10 minutes in the morning to reduce the number of calls waiting. This provided patients with the ability to arrange a pre-bookable appointment time and direct access to an emergency appointment if they required one.

Data from the National GP Patient Survey published in July 2015 showed from 106 responses that performance in some areas was slightly lower or in-line with local CCG and national averages for example,

- 83.5% said the GP was good at listening to them compared to the CCG average of 85.0% and national average of 88.8%.
- 76.3% said the GP was good at explaining tests and treatments compared to the CCG average of 82.7% and national average of 86.3%.
- 94.8% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.2% and national average of 95.3%.

However, the percentage of patients who found the nurse they saw was good at giving them enough time was 94.1% which was well above the local CCG average of 92.9% and national average of 91.9%.

### 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

## Are services caring?

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 CQC comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were below with local and national averages. For example:

- 73.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.0% and national average of 81.5%.

- 86.8% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.0% and national average of 89.7%.
- 77.5% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86.2% and national average of 84.9%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.



# 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 provided enhanced services to provide patients with extended hours for their appointments. The main practice was open for appointments at 8.00am to 6.00pm Monday to Friday. The Victoria Dock branch surgery is open Monday, Tuesday, Thursday and Friday 8.00am till 6pm and closed for lunch between 12.30pm and 1.30pm. Wednesdays the branch surgery is open 8.00am till 12pm. This assisted patients in the working age group as they could attend their appointment before or after work.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example a recent survey completed with patient during February 2015 suggested improving patient appointments telephone calls into the practice and all staff answered calls during the first 10 minutes of the day. This showed and marked improvement in patient being able to obtain a direct contact for an appointment to be made.

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

- The practice offered same-day telephone triage for urgent conditions, for all population groups.
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients and those in residential care.
- Lunchtime review appointments were introduced with the same to GP to improve continuity of care.
- There were disabled facilities, a hearing loop and translation services available.
- The GPs reduced their annual leave by one week each to allow more surgery time to be allocated to patients.
- The practice proved regular health care visits to a range of residential and nursing homes in the area and worked closely with a neighbouring care homes to provide continuity of care for patients.

### Access to the service

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was 56% compared to the CCG average of 78% and national average of 75%.

All staff took direct telephone calls from patients in the first 10 minutes of the morning to assist in reducing waiting times. GPs reduced their annual leave by one week to increase the number of appointments available to patients. Pre-bookable two weeks in advance and same day appointments were available.

The main practice was open for appointments on extended hours 8.00am to 6.00pm Monday to Friday. The Victoria Dock branch surgery is open Monday, Tuesday, Thursday and Friday 8.00am till 6pm and closed for lunch between 12.30pm and 1.30pm. Wednesdays the branch surgery is open 8.00am till 12pm.

### Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is 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 a practice leaflet and on their website. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. There had been 23 formal complaints in the previous twelve months which had been satisfactorily handled and dealt with in a timely way. Each complaint had an individual log, learning points were recorded for each complaint and they were discussed at an annual complaints meeting at the practice.



# 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. Staff we spoke with knew and understood the values.

### Governance arrangements

The practice had strong overarching governance arrangements which outlined structures and procedures in place which incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. 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 improvement in patients' care.
- 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. 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 had appraisals and continuing professional development. The practice 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. Examples of these were:

- Collaboration with local practices including the local practice managers group.
- The practice was a Deanery Accredited Registrar Teaching practice training two GP registrars.
- The practice also supported local A level students who obtained work experience in the practice.
- The practice demonstrated a strong team and family ethic amongst its workforce.
- Members of the PPG reported that communication is a significant attribute of the practice.
- A dedicated telephone line was available for patients to cancel their appointment if they needed to. This helped to reduce 'Did not Attend' rates and improve appointment availability.