

# Aspect Health Ltd

## 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

We carried out an announced comprehensive inspection at Aspect Health Ltd on the 8 June 2016. Overall the practice is rated as 'Good.'

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

- There was an open and transparent approach to reporting and recording significant events.
  - Risks to patients were assessed and well managed for example, arrangements to safeguard vulnerable patients, keeping medicines safe and managing infection control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients were positive about the practice and the staff team for both services provided within Sherdley Medical practice and Eldercare services. They said they were treated with dignity and respect and felt involved in decisions about their treatment.

- Information about services and how to complain was available and complaint records showed good responses to formal complaints.

- The practice had purpose built, state of the art facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice had good positive engagement and regular communication with their patients and staff. They acted positively in response to their feedback.
- The provider was aware of and complied with the requirements of the duty of candour.

#### **The areas where the provider should make improvements are:**

Update training records for all staff working within the service.

#### **Letter from the Chief Inspector of General Practice**

# Summary of findings

**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.

- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had defined processes and practices in place to keep patients safe and safeguarded from abuse.
- Infection control procedures were well managed.
- Medicines management was well organised and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Care and Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff worked within both services and were trained and experienced in supporting services within Sherdley Medical centre and Eldercare. There was evidence of appraisals for all staff.
- Staff worked well with multidisciplinary teams to understand and meet the range and complexity of patients' needs. They had high levels of engagement with multi disciplinary teams and with other relevant organisations such as the CCG and with local MP's and councillors.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The practice staff regularly engaged with their patients to ensure they had regular feedback about their services.
- Information for patients about the services available was accessible and easy to understand.
- We saw staff treated patients with kindness, respect and maintained patient information and confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Most patients said they found it easy to make an appointment with a GP however a small number of patients felt that there was a lack of continuity in seeing the same GP and felt that waiting times were problematic at times.
- The practice had state of the art facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Practice staff also collated compliments and showed evidence of high numbers of patient satisfaction.

Good



## Are services well-led?

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

- The practice had a vision to deliver good quality care and promote good outcomes for patients. They had developed a detailed development plan for 2016-2018 and were continually developing the service and expanding the federation. The plan identified reviews in the governance and configuration of the service and were also relooking at its constitution.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The directors encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents. This information was shared with staff to ensure appropriate action was taken.
- The patient participation group supported patients' needs and welfare. Staff were clear about their responsibilities in putting their patients first.
- There was a focus on learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The service for Eldercare offered tailored support to vulnerable patients and older patients over 65 years in the community delivering a mobile service directly to their home. Patients supported by Eldercare services were able to choose and determine their plan of care including palliative care. 82% of patients died in their declared preferred place of care. Eldercare offered innovative practice and a holistic approach to their care. The service differed to traditional practice and had a high prevalence of patients with complex needs.
- The practice had identified those patients at risk of unplanned hospital admission and had agreed care plans in place for these patients.

Good



### People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- Indicators for the care of diabetic patients were in line with local and national averages.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs for both services for Sherdley Medical Centre and Eldercare.

Good



### Families, children and young people

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

Good



# Summary of findings

- The percentage of women aged 25-65 whose notes record that a cervical screening test has been performed in the last five years, was comparable to local clinical commissioning group (CCG) and the national average of 81%.
- The service tailored its support to patients with specific needs including complex care. The service does not include children within its service for Eldercare.

## **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 and those recently retired had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- 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.
- The practice offered extended open hours including Saturday mornings. Patients are offered telephone consultations for those patients who preferred to call the GP.

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 who had special needs such as patients with learning disabilities, palliative care and patients who were carers.
- The practice offered longer appointments for patients with a learning disability and annual multi-disciplinary health checks to the 19 patients registered with the practice.
- The practice informed 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.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

Good



# Summary of findings

## 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).

- The practice supported patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who did not attend appointments.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages, 319 survey forms were distributed and 65 were returned. This represented approximately 1% of the practice's patient list. The results showed;

- 91% find the receptionists at this surgery helpful compared to the national average of 86 % and CCG average of 85 %.
- 89 % of patients found it easy to get through to this practice by phone compared to the national average of 73 % and the CCG average of 66%
- 86 % described their experience in making an appointment as convenient compared to the national average of 73 % and the CCG average of 71%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 43 comment cards and we spoke with seven patients, two care home representatives and three members of the patient participation during this inspection. In total 53 patients were positive about the practice. Ten patients offered their opinions and suggestions about various aspects of the service regarding a lack of continuity in seeing the same GP's and waiting times for appointments.

The practice had carried out their own patient questionnaire in 2015-2016 and had developed a detailed action plan following patient's feedback. The practice had already acknowledged that continuity of staff had been a problem with contract renewal and turnover of clinical staff due to the uncertainty of their contract over the last few years. However, prior to this inspection the practice had acquired a three year contract which they felt would enable them to attract permanent clinical staff offering continuity within the staff team.

## Areas for improvement

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

Update training records for all staff working within the service.

# Aspect Health Ltd

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

### Background to Aspect Health Ltd

Aspect Health Ltd falls within St Helens Clinical Commissioning Group (CCG). The medical centre is run by a federation of four GP's from local practices. The practice is a limited company and has three medical directors (all male GPs) and three salaried GPs, (two male and one female). They are also supported by locum and self-employed doctors. The practice has two services known as Sherdley Medical Centre and Eldercare, both managed from their main offices at Sherdley Medical Centre. Sherdley Medical Centre provides a GP surgery serving the local community. Eldercare is a virtual service, whereby GPs visit patients in their own homes, care homes and retirement complexes such as sheltered accommodation. They have one practice manager, a business development consultant, a practice nurse, health care assistants and a team of administration and reception staff. The practice is a training practice for General Practitioner registrars.

The building is purpose built and situated within the local hospital building. There were approximately 5000 patients in total on the practice list at the time of inspection which

included patients being supported with the Eldercare service and Sherdley Medical Practice. The practice is based in one of the more deprived areas when compared to other practices nationally.

From the 1/04/16 the practice was open from 8am to 6.30pm Monday to Friday. Prior to this the practice were open 8am-8pm Monday to Friday and 8am to 12pm on Saturday mornings. Prior to this inspection the practice had secured a three year contract and advised they would be reviewing all of their literature and website to update and advise patients of their opening hours. Appointments were offered from 8am however following the securement of their contract the practice staff advised that appointment times would be revised and updated with patients. The practice offers a range of services including flu vaccinations and learning disability health checks.

Patients requiring GP services outside of normal working hours are referred on to the St Helens Rota who are the local out of hours provider. The practice has an Alternative Provider Medical Services contract (APMS).

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 June 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, they received support and an apology.
- The practice carried out a detailed analysis of significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had defined systems and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and they had received training on safeguarding relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones was trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Nominated staff were identified as the infection control 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. The last infection control audit undertaken in December 2015 scored 95% and showed good compliance with infection control standards.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing were in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were stored in an unlocked room. Staff told us they had never had reason to use them over the last few years. Following our visit the practice manager had told us they had moved the prescription pads to a locked store. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed a sample of staff personnel files and found 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. However most of the staff files reviewed had no evidence stored with photographic identification. Following our visit the practice staff had revised all staff files to update them with copies of staff photo identification. They had already checked photo identification of staff when registering their 'smart cards' for working with computers.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available to all staff. The practice had up to date fire risk assessments and carried out regular fire alarm checks. 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 had a variety of other risk assessments in place to monitor safety of the premises

## Are services safe?

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty. The practice staff acknowledged some effects to continuity of clinical staff which they felt had been affected by previous short term contracts being issued to the practice. However they explained that having recently being awarded a three year contract, this would help them confirm permanent staff posts. Staff felt this would improve continuity of staff available for the service.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system which alerted staff to any emergency.
- All staff received annual basic life support training. 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 defibrillator available on the premises. A first aid kit and accident book were available.
- The practice had a detailed business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 94.8% of the total number of QOF points available. This was in line with the CCG average of 95.9% and the national average of 94.8%. Practice staff explained that their service for Eldercare which offered a unique service was also subjected to measurements with QOF. However, several of the measurements were not applicable to the patient groups that were supported within Eldercare which hampered some of the overall scores and were not wholly reflective of the positive outcomes achieved by the practice.

This practice was an outlier for the use of hypnotics and antibiotics. However the practice had carried out further work and audits in trying to improve their response and treatment with patients over the last 12 months. Figures seen for 2016 showed work in progress and improvements to previous percentages for 2014-15.

Performance for diabetes related indicators was similar to the national average and in line with local CCG benchmarking. Performance for mental health related indicators was similar to CCG and national averages

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing

well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. There was evidence of quality improvement including clinical audit.

- There had been one full clinical audit completed in the last 24 months and several audits over the last three years with plans for re-audits in the next 12 months to help show where improvements had been implemented and monitored.
- Findings were used by the practice to show positive outcomes with patient choices regarding their place of care especially for palliative care. One audit regarding the deaths of patients supported via Eldercare services showed the total the number of patients who died in 2013 to 2016 was 622 of which 394 died in their own home. The percentages showed that 64% of patients provided with support died at home and 82% of patients died in their declared preferred place of care. Eldercare offered an innovative practice and a holistic approach to their care. The service differed to traditional practice and had a high prevalence of patients with long term conditions and high percentages of patients with complex needs.
- Clinicians attended a weekly clinical meeting to discuss clinical matters and review the care and treatment provided to patients with complex needs. Multi-disciplinary meetings were also held to review the care and treatment provided to people receiving end of life care.
- **Effective staffing**
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training necessary for their role.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

# Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, mentoring, and facilitation and support for revalidating GPs. GPs had input into nurse appraisals. Staff we spoke with told us that they were fully supported within the practice both with their training needs and via the management team.

Staff had access to and made use of e-learning training modules and in-house training. Managers acknowledged the need to update their training records to better reflect the training needs and training undertaken by all of the staff team.

## Coordinating patient care and information sharing

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

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

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

## Consent to care and treatment

Staff sought patients' consent to care and treatment 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. Staff carried out assessments of capacity to consent in line with relevant guidance. The practice staff had developed consent forms for new patients choosing to use Eldercare. They had also developed consent forms for their patients to complete for summarising their care records so they could be utilised in the event of an emergency.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme within Sherdley Medical Centre was comparable to the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

- We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments.
- We noted that consultation and treatment room doors were closed during consultations. Patients told us that doors were always kept closed and they felt that their privacy was always maintained.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs

We received 43 comment cards and we spoke with seven patients during this inspection and three members of the Patients Participation Group (PPG). In total 53 patients were positive about the practice. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Some patients offered their opinions and suggestions about various aspects of the service. Ten patients felt that they had experienced a lack of continuity of staff and sometimes waited a long time while sat waiting for their appointment.

Following the results of the national GP patient survey for 2015 the practice had carried out a patient survey in 2015-2016. They had also developed an action plan in response to the results of this patient survey. The practice had showed they were responding to patient feedback and continued to work on main themes. Results from the national GP patient survey showed scores were higher than and comparable to the local CCG and national averages.

Results from the survey showed:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 88%.

- 97% of patients had confidence and trust in the last nurse they spoke compared to the CCG average of 97% and the national average of 97%.
- 91.7% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%

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

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

Results from the national GP patient survey showed patient results were comparable and higher than CCG and national averages for 2015. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 89%.
- Staff told us that translation services were available for patients who did not have English as a first language although this information was kept at reception and patients would have to ask for the details.
- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them and a carer's notice board was on display in the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population to identify improvements to services where these were identified.

- There were longer appointments available for patients who may need this, for example, for patients with a learning disability and for those patients who knew they needed to discuss more than one medical issue.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

### Access to the service

From the 1/04/16 the practice was open from 8am to 6.30pm Monday to Friday. Prior to this the practice were open 8am-8pm Monday to Friday and 8am to 12pm on Saturday mornings. Prior to this inspection the practice had secured a three year contract and advised they would be reviewing all of their literature and website to update and advise patients of their opening hours. Appointments were offered from 8am however following the securement of their contract the practice staff advised that appointment times would be revised and updated with patients. The practice offered a range of services including flu vaccinations and learning disability health checks.

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

- 89% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- Staff had regular engagement with their patients. Patients overall were very happy with the services provided by the practice including access to both services. Ten patients told us they experienced increased waiting times at appointments and lack of continuity in seeing different GP's.
- The practice were in the process of updating all literature and information about the service including their website.

### Listening and learning from concerns and complaints

The practice had an effective 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. Information on how to complain was not available in the waiting area.

- We looked at complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice encouraged openness and transparency when with dealing complaints, focussing on lessons learnt from individual concerns and complaints, and from analysis of any trends. We saw that action was taken as a result to improve the quality of care for patients and apologies were given to patients when staff had identified this response. We received one complaint during our inspection and referred the complaint to the practice to manage following their complaints process.

# 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 good quality care and promote good outcomes for patients.

- The practice had a robust strategy and a supporting five year business plans which reflected the vision and values and were regularly monitored. The GPs were innovative in their approach and striving to develop new ideas and initiatives for the practice.
- The practice staff shared this vision and worked hard to support clinicians in delivering a high quality service to patients. Staff we spoke with were clear about their commitment to provide patients with good quality care and that their patients came first.

### Governance arrangements

There was a governance framework which supported the delivery of good quality care. The governance framework outlined the structures and procedures in place and ensured that:

- There was a staffing structure and staff were aware of their own roles and responsibilities. The practice staff acknowledged the challenges of employing part time staff and the longer term issue of developing continuity of staff.
- Practice specific policies were implemented and were available to all staff.
- The management team had a good understanding of the performance of the practice and regularly met to review practice performance and patient outcomes.
- A programme of continuous clinical audit was used to monitor quality and to make improvements. There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

#### • Leadership and culture

- The medical directors in the practice had the experience, capacity and capability to run the practice and ensure good quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the directors were approachable and took the time to listen to all members of staff. The practice

staff worked in collaboration and partnership with the local CCG, MP's and councillors, the acute trust and local nursing homes. They had developed a detailed development plan for 2016-2018 and were continually developing the service and expanding the federation. The plan identified reviews in the governance and configuration of the service and were also relooking at its constitution.

- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:
  - There was a clear leadership structure in place and staff felt supported by management
  - The practice had systems in place to give affected patients support and a verbal/ written apology that was transparent and open in approach.
  - Staff told us the practice held regular team meetings. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
  - Staff said they felt respected, valued and supported, particularly by the partners in the practice. The practice had a number of staff initiatives they had introduced such as staff awards where staff could each be nominated each month for awards. They continually organised team events such as celebration events and trips out including various support for local charities. Staff engaged with training within the CCG and events managed for practice nurses via their primary care forums.
- **Seeking and acting on feedback from patients, the public and staff**

The practice encouraged and valued feedback from patients, the public and staff.

The practice had gathered feedback from patients through surveys and complaints received. The practice displayed a lot of information accessible to patients in

# Are services well-led?

Good 

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

the reception area to help keep them fully Informed. Each week the practice was monitoring the increase in their growing patient list which was averaging approximately 53 patients a month.

The practice had formed a Patient Participation Group. The PPG group met on a regular basis and covered a large range of topics with detailed minutes developed from each meeting. This group were very positive about their inclusion in the developments of the practice and the services provided including Eldercare.

The staff had developed detailed literature for patients to help support them with the services provided through Eldercare. New patients were provided with an information and welcome pack and useful contacts. They also sent a 'Meeting everyone's health needs' questionnaire to gain regular feedback from their patients.

The practice sought further patient feedback by utilising the Friends and Family test. The NHS friends and family

test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December. Their results were very positive for both services and included positive results up to April 2016.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

- There was a focus on learning and improvement at all levels within the practice. Staff told us they felt well supported. Staff engaged with training within the CCG and events managed for practice nurses via their primary care forums. Training records needed to be reviewed to provide evidence of updated training necessary for each staff member's role..