

# Lindley Medical 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 Lindley Medical Practice on 25 November 2015. 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 safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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 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 sometimes found it difficult to access a GP on 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- The practice should have contracts in place for their GPs so their areas of responsibility are clear and can be monitored.
- The practice should consider having more time for the GPs to liaise with each other to discuss aspects of the practice and patient care.
- The practice should monitor their appointment availability and waiting time for the walk in centre to check if the recent changes to arrangements had improved patient satisfaction.

# 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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with or slightly below others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



# Summary of findings

## 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 to secure improvements to services where these were identified. For example, a clinical lead had recently been recruited to manage the walk in centre.
- Patients said they could see a GP at the practice in an emergency. Continuity of care was difficult due to GPs working set days each week. Patients attending the walk in centre were seen by an advanced nurse practitioner or a GP, although waiting times could be long.
- The practice had good facilities and was well equipped to treat 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 and other stakeholders.

Good



## Are services well-led?

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

- It had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by the management team. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice sought feedback from patients, which it acted on. They had a patient participation group.
- The GPs at the practice all worked set days on a self-employed basis. They did not have a written contract and did not often have the opportunity to discuss aspects of the practice with the other GPs due to the working arrangements.
- There was a strong focus on continuous 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 people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the practice 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.
- 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.

Good



# Summary of findings

- We saw good examples of joint working with midwives, health visitors and community nurses.

## **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 had a full range of health promotion and screening that reflects the needs for this age group.

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 offered longer appointments for people with a learning disability.
- 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).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- GPs had the facility to use a booking slip to ensure continuity of care for patients.



# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2015. The results showed the practice was usually performing below local and national averages. 432 survey forms were distributed and 78 were returned. This represented 3.09% of patients registered at the practice.

- 66% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
  - 85% found the receptionists at this surgery helpful (CCG average 87%, national average 87 %%).
  - 60% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
  - 83% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 64% described their experience of making an appointment as good (CCG average 70%, national average 73%).
  - 72% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. No comments cards had been completed.

We spoke with nine patients during the inspection. Most of these were attending the walk in centre. Patients told us they were treated respectfully and given enough time during their appointments. They said they were happy with the care they received.

## Areas for improvement

### Action the service SHOULD take to improve

- The practice should have contracts in place for their GPs so their areas of responsibility are clear and can be monitored.
  - The practice should consider having more time for the GPs to liaise with each other to discuss aspects of the practice and patient care.
- The practice should monitor their appointment availability and waiting time for the walk in centre to check if the recent changes to arrangements had improved patient satisfaction.

# Lindley Medical Practice

## 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 advisor, a practice manager specialist advisor and an Expert by Experience.

## Background to Lindley Medical Practice

Lindley Medical Practice is located on the ground floor of a health centre in Oldham Town Centre. There are other GP practices located in the same building. The practice is fully accessible to those with mobility difficulties. There is a car park next to the building.

GDT Healthcare is the provider. GTD Healthcare is a not-for-profit organisation that has several GP practices, out of hours services and walk in centres in the area. Most staff are salaried but the GPs are self-employed.

The provider has an Alternative Provider Medical Services (APMS) contract with NHS England. At the time of our inspection 2528 patients were registered with the GP practice. The provider also had a walk in centre at the same location.

The practice and walk in centre are open seven days a week from 8am until 8pm. Appointments with a GP at the practice are available between 8am and 5.30pm Monday to Friday and from 2pm until 8pm at weekends.

Three regular self-employed GPs work between the practice and walk in centre, two female and one male. There is also a locum GP. There is one GP on duty at any one time between the practice and walk in centre. The walk in centre is run by three advanced nurse practitioners and a

clinical lead who is also an advanced nurse practitioner. There are also GPs also being on duty there between 6pm and 8pm Monday to Friday and from 8am until 2pm at the weekends. An advanced nurse practitioner is a nurse with post-graduate nursing education and advanced clinical knowledge and skills. A part time practice nurse and a part time healthcare assistant work at the GP practice.

The practice has a high level of patients who do not speak English as a first language. Face to face interpreters are booked for appointments made in advance, with telephone interpreters being available for patients at the walk in centre.

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, Go to Doc, which is part of the practice's company.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 November 2015. During our visit we:

- Spoke with a range of staff, including a GP, advanced nurse practitioners (including the clinical lead), the practice manager, assistant manager and reception and administrative staff.
- Spoke with nine patients who used the service.
- Observed how people were being spoken to by staff at reception.
- Reviewed the records held at the practice.

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 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)

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 and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults 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 member of staff for safeguarding. The GPs 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. GPs were trained to Safeguarding level 3, with other staff being trained to the appropriate level.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service (DBS) check. (DBS

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The clinical lead was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely.
- We reviewed 10 personnel files and found 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 checks through the Disclosure and Barring Service.

### 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 and the practice had up to date fire risk assessments and carried out regular fire drills. 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 and legionella.
- 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. The provider had another GP practice in the area and some staff were able to be interchangeable to cover short term absences.

## Are services safe?

### 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 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 two defibrillators, one behind the reception desk and one in an equipment room. Oxygen, with adult and children's masks, was available. 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

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 were 93.1% of the total number of points available, with 6.4% exception reporting. This was in line with the clinical commissioning group (CCG) and national average. This practice was an outlier for antibiotic prescribing. It had been found this was due to prescribing in the walk in centre and it was being addressed. Data from 2014-15 showed;

- Performance for diabetes related indicators was 73.3%. The CCG average was 81.8% and the national average was 89.2%.
- Performance for hypertension related indicators was 100%. The CCG average was 96.7% and the national average was 97.8%.
- Performance for mental health related indicators was 96.2%. The CCG average was 91.7% and the national average was 92.6%.
- Performance for dementia related indicators was 0%. The CCG average was 90.4% and the national average was 94.5%. This was discussed with the practice who explained they had no palliative care patients.

Clinical audits were carried out.

- Some clinical audits had completed by a GP. We saw a re-audit had been carried out to ensure improvements made were implemented and monitored. GPs carried out audits to satisfy the requirements of their appraisals but their verbal contracts did not include a necessity to carry out audits.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

### 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 all appropriate topics.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring. All staff had had an appraisal within the last 12 months, and personal development plans were in place.
- 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.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

# Are services effective?

## (for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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, including when they were referred, or after they are discharged from hospital.

### 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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or assistant nurse practitioner assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives (although there were no current palliative care patients), carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Several other services were available in the same building for patients to access. These included a phlebotomy service, dietician, and smoking cessation.

Childhood immunisation rates for the vaccinations given were below the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65.1% to 69.8% and five year olds from 61.3% to 67.7%. Flu vaccination rates for the over 65s were 68.32%, and at risk groups 60.98%. These figures were from 2013-14 and were also below CCG 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-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The nine patients we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was usually in line with or slightly below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 86%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 77% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 85% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

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

Patients told us that 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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%)

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

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had identified carers and kept a carers' register. Carers were coded on the practice's computer system and they could therefore be supported and signposted to the various avenues of support available to them.



# 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 and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The walk in centre, led by Advanced Nurse Practitioners, was open from 8am until 8pm every day, including weekends and bank holidays.
- The GP practice was open 7 days a week so patients could access an appointment with a GP during the weekend.
- There were longer appointments available for people with a learning disability.
- Home visits were available when required.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

### Access to the service

The practice and walk in centre were open from 8am until 8pm 365 days a year. The GP practice was usually open for patients from 8am until 6pm. GP appointments were available from 8.15am until 5.30pm and from 2pm until 8pm during the weekends. There was some flexibility around patient consultation times at the GP practice due to the walk in centre being open for longer hours.

The walk in centre was led by Advanced Nurse Practitioners. A GP worked at the walk in centre Monday to Friday between 6pm and 8pm, and between 8am and 2pm during the weekends. There was always a GP available at Lindley Medical Practice between 8am and 8pm (except between 12 noon and 2pm when home visits took place) to see patients in an emergency.

We saw that several patients had complained about the length of time it took to see a GP at the GP practice, and also to be seen at the walk in centre. Staff told us that in an emergency patients were seen and they could also pre-book appointments. Recent changes had been made to the management of the walk in centre and staff were

hopeful waiting time would reduce. We saw that the clinical lead had recently introduced a new form in order to identify whether patients waiting for triage or treatment were an adult or child, and whether their symptoms were serious.

Continuity of care at the GP practice was difficult. There were three GPs who worked on a self-employed basis for set times and days each week. There was also a long term locum GP. GPs worked 12 hour shifts on their own. One GP worked three days, on GP worked two days and two GPs worked a day each.

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.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 66% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 64% patients described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 72% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71%, national average 65%).

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. People making a complaint were informed of the role of the Parliamentary and Health Service Ombudsman (PHSO).
- There was a designated responsible person who handled all complaints in the practice. In addition more serious complaints were discussed at board meetings.
- We saw that information was available to help patients understand the complaints system

We looked at the 10 complaints received in the last 12 months. Nine of these were concerning the walk in centre. We found they had been appropriately responded to. We

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

also saw that changes to the way the walk in centre was managed had been made as a response to complaints. A clinical lead had been appointed and the situation was being monitored to ensure improvements were sustained.

# 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 staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. These were managed by the company.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The GPs working at the GP practice were classed by the provider as being self-employed. They had worked at the practice for up to five years and had set days and hours that they regularly worked. However, they had no written contract. The provider told us they had a verbal contract to work the days and hours they did and they had no concerns about the possibility of them not fulfilling their verbal contract.
- There was one GP a day on duty so there was little opportunity for GPs to meet and discuss aspects of the practice.
- Practice specific policies were implemented and were available to all staff
- The provider had a comprehensive understanding of the performance of the practice, but the GPs did not share this understanding due to their working arrangements.
- There was not a programme of clinical and internal audit, although GPs did perform audits to satisfy the requirements of their appraisals. GPs worked on a self-employed basis and their verbal contract did not include the necessity to perform audits.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The provider was a company and all the GPs worked at the practice on a self-employed basis. Members of the management team attended the practice on a regular basis and they had the experience, capacity and capability to run the practice. They prioritise safe, high quality and compassionate care. Staff told us the management team were approachable and listened to them.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They usually kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the management team.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- There was a patient participation group (PPG). This consisted of a group who had face to face meetings and a virtual group. We saw meeting minutes that showed the virtual group was also on-line during a meeting. The practice was working on developing the group further but this was a challenge. However, the current group was able to make suggestions during their meetings.

# Are services well-led?

Good 

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

The practice hoped to carry out their own patient satisfaction survey when the virtual PPG was more established. An annual report was put in place to show what the PPG had done during each year.

- The practice put an action plan in place to make improvements following the results of the national GP patient survey. Changes included a staffing restructure and greater access to on the day appointments. They also monitored the NHS Friends and Family Test results.