

# Salford Health Matters Homeless Service

## 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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# 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 Salford Health Matters Homeless Service on 25 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example the practice had close links with the Drug and Alcohol Team, Citizens Advice Bureau and Sexual Health Services.
- 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 found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice facilities were in need of improvement and this had been recognised by Salford Health Matters.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice employed a link worker that assessed the health and social care needs of the patient. This enabled a care plan to be put in place that was tailored to the specific needs of the patient.

The areas where the provider must make improvements are:

- Damage to the staircase leading up to the GP surgery was observed. While there have been no instances of an accident, there is potential for a trip to occur. Maintenance on this area should be carried out to ensure the staircase is safe for all people using it.

- The current method of examining patients involved the blind on the surgery door being pulled down, and a member of staff standing outside of the surgery to prevent anyone from entering during examination. A curtain round the examination bed needs to be installed in order to maintain patient privacy.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

**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.

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Good



# Summary of findings

- 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.

## 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 meet people's needs. The practice had strong links with the local drug and alcohol team enabling better support to patients with alcohol or drug addictions.
- There are innovative approaches to providing integrated person-centred care.
- Patients can access appointments and services in a way and at a time that suits them. The practice was able to offer appointments at a sister practice in certain circumstances.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- 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. The practice was aware of the limitations of the current facility and had secured a new location to move to.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

Good



# Summary of findings

- It had a clear 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 management. 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 directors encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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

Due to the low number of older people using the service, there was not enough evidence to make a judgement.

Not sufficient evidence to rate



### People with long term conditions

Due to the low number of people with long-term conditions using the service, there was not enough evidence to make a judgement.

Not sufficient evidence to rate



### Families, children and young people

Due to the low number of Families, children and young people using the service, there was not enough evidence to make a judgement.

Not sufficient evidence to rate



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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



### People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people who 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.

Outstanding



# Summary of findings

- Clothing would often be donated to patients whose clothing was no longer suitable to wear
- Financial assistance could be offered to patients who needed to travel to hospital for an appointment but lacked the funds to access public transport

Extra support was offered to patients that were suffering harassment. Patients would be advised to speak to a member of staff who would help deal with the situation.

## **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.
- 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 where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs.
- The practice had in place a screening tool to identify patients that could be suffering from anxiety or depression. The tool was used when registering new patients.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 8th July 2015 are for the whole of the Salford Health Matters organisation. The results showed the practice was mostly in line with local and national averages. 467 survey forms were distributed and 101 were returned.

- 82% of patients found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 82% of patients found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 89% of patients said the last appointment they got was convenient (CCG average 93%, national average 92%).

- 63% of patients described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 65% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 3 comment cards which were all positive about the standard of care received. Patients described the practice staff as helpful and friendly.

We spoke with 12 patients during the inspection. All 12 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service MUST take to improve

- Damage to the staircase leading up to the GP surgery was observed. While there have been no instances of an accident, there is potential for a trip to occur. Maintenance on this area should be carried out to ensure the staircase is safe for all people using it.
- The current method of examining patients involved the blind on the surgery door being pulled down, and a member of staff standing outside of the surgery to prevent anyone from entering during examination. A curtain round the examination bed needs to be installed in order to maintain patient privacy.

## Outstanding practice

- The practice employed a link worker that assessed the health and social care needs of the patient. This enabled a care plan to be put in place that was tailored to the specific needs of the patient.

# Salford Health Matters Homeless Service

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

## Background to Salford Health Matters Homeless Service

Salford Health Matters Homeless Service is a practice with approximately 110 registered patients. The practice is part of the Salford Health Matters Community Interest Company that is run by a board of directors. The surgery runs out of the Christian Windsor Centre which is a homeless service that offers food and shelter to homeless people. The patient population consists mainly of young adults, and a large percentage of these are males. The practice staff comprises of three GPs, a practice nurse, a healthcare assistant, and a link worker. The service is delivered as a Locally Commissioned Service by Salford CCG. Salford Health Matters has a Personal Services Medical contract and provides the following registered activities: Surgical procedures, Diagnostic and screening procedures, Treatment of disease, disorder or injury, and Family planning.

GP appointment times during the week of our inspection were available as follows:

Mondays 12.30pm-2pm (Link worker available from 8am-2pm)

Tuesdays Closed

Wednesdays 12.30pm-2pm (Link worker available from 8am-2pm)

Thursdays 12.30pm-2pm (Link worker available from 8am-2pm)

Fridays Closed

Saturdays Closed

Outside of opening hours, patients can access services at one of the sister practices, or they will be automatically diverted to the out of hours services.

## 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 25th November 2015. During our visit we:

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 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. For example, a fridge containing vaccines in a sister practice suffered a power failure resulting in the loss of vaccines. A protocol was then put in place in all other practices to make staff aware of what action to take in the event of a power cut to a medical storage fridge.

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.

### 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.
- A notice in the waiting room advised patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had

received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (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 stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed two personnel files and found 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.

### 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 with a poster in the waiting area. 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

## Are services safe?

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 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. Staff also carried a panic alarm with them at all times.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had and oxygen on the premises 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

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 97% of the total number of points available, with 9% exception reporting. The QOF results reported are for the whole of the Salford Health Matters organisation. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was above the CCG and national average (5% above the CCG average and 0.5% above the national average).
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national average (4% above the CCG average and 2% above the national average).
- Performance for mental health related indicators was above the CCG, but below the national average (5% above the CCG average and 1% below the national average).
- The dementia diagnosis rate was above the CCG and national average (8% above the CCG average and 6% above the national average).

Clinical audits demonstrated quality improvement.

- We saw evidence of clinical audits being performed; some of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of review of cervical cytology uptake included a detailed analysis of hard to reach groups and an improved approach to contacting women who needed smears and who may otherwise have been lost to screening.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as 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 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, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### 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.

# Are services effective?

## (for example, treatment is effective)

- 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.
- 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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 practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### 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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, and alcohol and substance misuse cessation. Patients were then signposted to the relevant service.
- The practice offered a needle exchange scheme

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 69%, which was below the national average of 82%. In order to improve the figures, the practice offered translated literature relating to cervical screening to patients whose first language was not English. There was also 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 87% to 99%. Flu vaccination rates for the over 65s were 73%, and at risk groups 55%. These were also above 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.

- We observed that there were no curtains in the consulting rooms, but to maintain patients' privacy and dignity during examinations a blind on the window was pulled down and a second member of staff would stand outside the practice door to ensure no one can enter.
- 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.
- We observed a caring, non-judgemental and integrated approach. Staff were proactive at referring patients to the services they need.

All of the three 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.

Results from the national GP patient survey which apply to the Salford Health Matters organisation as a whole showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 79% of patients said the GP gave them enough time (CCG average 88%, national average 89%).
- 91% of patients said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 84% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 82% of patients 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 76% of patients 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. We saw notices in the reception areas informing patients this service was available.

The practice employed a link worker who was responsible for assessing the health and social care needs of the patients. The link worker liaised closely with patients, the GPs and other services to ensure the health needs of the patient were being met. The link worker informed us of many occasions when they had gone above and beyond what was required in order to help a patient. For example, the link worker would often accompany nervous or vulnerable patients to the sexual health centre if this service was required.

The practice was in partnership with 'Being Well Salford' and was able to offer life coach services to patients who wanted to improve their health and lifestyle choices.

## Are services caring?

### **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. Staff told us that if patients had suffered bereavement, support was available. The practice also occasionally worked with the End Of Life team.

# 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 plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice has been awarded a 'Pride In Practice' gold award for the services they offer to meet the needs of lesbian, gay and bisexual patients.
- The practice used screening tools upon registration of a patient to identify if the patient could be suffering from anxiety or depression and its level of severity.
- The practice employed an engagement worker who has set up a specific PPG for homeless people.

### Access to the service

The practice was open between 8.00am and 2.00pm Monday, Wednesday and Thursday. Appointments were from 12.30pm to 2.00pm. Arrangements could be made for patients to attend one of the other Salford Health Matters surgeries if the homeless service was closed. New patients registering before 10.00am were usually able to be seen on the same day.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 82% of patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 63% of patients described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 65% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 65%).

### 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.
- We saw that information was available to help patients understand the complaints system and was clearly displayed on notice boards.

We looked at two complaints received in the last 12 months and found that thorough investigations were carried out and the complaints were satisfactorily handled, and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# 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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear set of five values (excellence, passion, trust, innovation and respect) which are at the core of their integrity and decision making.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

Salford Health Matters is a community interest company and is owned by shareholders. Governance of the company is managed by a board of directors (three executive directors and three non-executive directors).

The practice governance framework supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The leadership team in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The leadership were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The leadership team 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 gives affected people reasonable support, truthful information and a verbal and written apology
- They 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 and minutes
- 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, particularly by the leadership team. All staff were involved in discussions about how to run and develop the practice, and the leadership team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Salford Health Matters Community Interest Company has held 'Investors In People' since 2009.

### 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.

- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- We looked at data available from staff surveys which were regularly carried out by Salford Health Matters. We also looked at results from the NHS staff Friends and Family test which demonstrated a high satisfaction within the organisation.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

## Are services well-led?

Good 

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

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring.