

# Wyncroft Surgery

## 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 Wyncroft Surgery on 26 April 2017. Overall the practice is rated as good.

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

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Dispensing errors recorded were investigated to identify learning from them. Action taken to mitigate risk was monitored and audited. There was a standard operating procedure in place and this was reviewed annually to ensure it was fit for purpose.
- The practice also monitored trends in significant events and evaluated any action taken.
- The practice was aware of and provided services according to the needs of their patient population. Staff received regular training and skill updates to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Patient's feedback was consistently positive and the practice performed significantly better than local and national averages in the National GP Patient Survey.
- The practice did not have an effective system in place to identify patients who were also carers.
- The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was above or within the range of the national average
- There was a holistic approach to the planning transfer or transition of patients to other services.
- Patients' confidentiality was respected at all times. Legal requirements about data protection were met.
- Information about services and how to complain was available and patients told us that they knew how to complain if they needed to.
- The practice offered a range of appointments to suit patient's needs and to ensure continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a caring system in place when there was a bereavement. This included contact with the

# Summary of findings

family and a checklist to ensure that all healthcare professionals were informed of the bereavement to reduce the risk of unnecessary stress caused by the receipt of unnecessary correspondence.

- The leadership structure meant staff felt supported and valued, which helped them to give their best. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Improve the identification of patients who are carers and provide them with appropriate support.

**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.

Good



- When things went wrong, we saw processes and policies that identified how a thorough review, investigation or significant event analysis would be carried out. All relevant staff, services, partner organisations and people who used services were involved in the review or investigation.
- Lessons were learned and communicated widely to support improvement in other areas where relevant. Opportunities to learn from external safety events and patient safety alerts were identified. Improvements to safety were made and the resulting changes were monitored.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety.
- Staffing levels and recruitment processes were planned, implemented and reviewed to keep people safe at all times.
- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- Staff had received up-to-date training in all safety systems, processes and practices including safeguarding children and vulnerable adults.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the Clinical Commissioning Group and national average.
- All staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice.
- There was a holistic approach to planning patients, transfer or transition to other services.
- The practice had improved the quality of care and treatment it provided through clinical audit and ongoing monitoring.
- All staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice.

# Summary of findings

- Practices around consent and records were actively monitored and reviewed to improve how patients were involved in making decisions about their care and treatment.
- All staff had received an appraisal in the previous twelve months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, including the palliative care team, alcohol and drugs team and community based healthcare professionals for example community midwife and district nurses.
- End of life care was tailored to meet the needs of patients and delivered in a way to ensure flexibility, choice and continuity of care.
- Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill health.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients were complimentary about the practice and commented that they received excellent care from the GPs and the nurses, that staff were friendly and everyone was very professional.
- Patients were involved and encouraged to be partners in their care and in making decisions, and received any support they needed.
- Patients told us and results from surveys reviewed showed that patients consistently felt that they were treated with compassion, dignity and respect by all the staff
- Information for patients about the services available was easy to understand and accessible.
- The practice did not have an effective system in place to identify patients who were also carers.
- Patients' confidentiality was respected at all times. Legal requirements about data protection were met.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Services were tailored to meet the needs of the patient and were delivered in a way to ensure flexibility, choice and continuity of care.

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- 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 practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients could access the right care at the right time. Access to appointments were managed to take account of patient's needs, including urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was openness and transparency in how complaints were dealt with. Complaints and concerns were always taken seriously, responded to quickly, investigated and actions identified and learnt.

## Are services well-led?

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

- The practice had a clear statement of vision and values, driven by quality and sustainability. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff understood their roles and responsibilities. The practice had a wide range of policies and procedures to govern activity and held regular meetings to ensure oversight and governance was effective within the practice.
- Governance arrangements were proactively reviewed and reflected best practice. This included arrangements to monitor and improve quality and identify risk.
- Leaders encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.
- The practice was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged.
- The practice had systems for responding to notifiable safety incidents and shared this information with staff to ensure appropriate action was taken.
- Staff felt supported by management. They reported that should they have any concerns they felt comfortable raising these as everyone at the practice was easy to talk to and approachable.

**Good**



# Summary of findings

There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us they were encouraged to make suggestions and recommendations for the practice development.

- There was a 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

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population. It was responsive to the needs of older patients.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice offered opportunistic senior health checks or vaccinations when they were seen by a clinician.
- This population group were actively screened for common diseases including osteoporosis, depression and dementia.
- The practice's approach was to undertake frailty assessments, dementia screening and an integrated approach to include where needed, end of life planning and a multi-agency approach.
- The practice had identified those older patients at risk of hospital admission and had developed care planning which identified key health problems and their ongoing management.
- Where older patients had complex needs, the practice shared summary care records with local care services. The practice described examples where they had worked together with the district nursing team, out of hours services and care home staff to manage patient care.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Patients told us they felt that their long-term condition care provided was of a high standard. This was supported by the high QOF performance. For example, the percentage of patients with asthma who had a review within the previous 12 months was 80% compared to the CCG average and national average of 75%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.



# Summary of findings

- All patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

Good



- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- The practice proactively offered lifestyle advice to this population group as they had identified an increase in obesity and diabetic diagnosis.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of a midwife for antenatal, post-natal every two weeks.

## 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).

Good



- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- The practice offered extended hours on Monday and Thursday.

# Summary of findings

- 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.
- Feedback from patients was consistently positive. They told us they could get an appointment quickly and at a time that was convenient to them. For example, the July 2016 national GP patient survey indicated that 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.
- Telephone consultations were available each day for those patients who had difficulty attending the practice due, for example, to work commitments.
- The practice nurse provided travel immunisations and travel advice.
- Health promotion advice was available and patients were signposted to external organisations for support.

## 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 those with a learning disability. The practice offered longer appointments for these patients and offered opportunistic health screening.
- The practice had identified 13 patients as carers (0.5% of the patient population).
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had concerns.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice provided care and support for end of life patients. Patients were kept under constant review by the practice in conjunction with the wider multi-disciplinary team.

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).

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- For patients with dementia, written consent for relatives to share in medical information and treatment planning was encouraged and well documented.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients with severe mental health problems had a comprehensive agreed care plan documented in their records compared with the local average of 85% and national average of 89% with a 0% exception reporting. Alerts on their records meant that they were routinely offered longer appointments.
- The practice used the depression and anxiety screening tool kit to identify the risk of self-harm in this population group. If risk identified referral is undertaken in a timely way and followed up.
- The practice actively screened for signs of early dementia.
- Performance for mental health indicators was 100% which was above the CCG average of 92% and above the national average of 88%. The practice exception rate was 6% which was lower than the CCG average of 17% and lower than the national average of 11%.
- Patients experiencing poor mental health were advised how to access various support groups and voluntary organisations. There was a system to follow up patients who had attended accident and emergency department due to experiencing poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 232 survey forms were distributed and 103 were returned. This represented a 44% response rate.

- 91% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 76% and the national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. For example, patients said the staff were always very helpful and supportive.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the NHS Friends and Family test showed that patients had provided consistently positive feedback from January 2017 to March 2017. The majority of respondents said they would be extremely likely to recommend the practice.

## Areas for improvement

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

- Improve the identification of patients who are carers and provide them with appropriate support.

# Wyncroft Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector accompanied by a GP specialist advisor.

## Background to Wyncroft Surgery

Wyncroft surgery is located on Priory Road, Chelmsford Essex in a two story converted bungalow. All patient rooms are located on the ground floor. The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

The practice serves a patient list of 2400 and is in an area of very high deprivation. Of the patient list, 48% are living with a long-term condition compared to the CCG and nation average of 53%. 72% are in paid employment or full time education compared to the CCG and national average of 63%.

The premises have step free access with an accessible toilet and baby changing facilities.

The practice staff includes one principal GP (male) working full time, one regular locum GP that is female working part time. Other staff include a dispenser and a practice nurse. The practice manager is supported by five administration, reception and secretarial staff working a variety of full and part time hours.

The practice is open: Monday and Thursday 8am to 7pm, Tuesday, Wednesday and Friday 8am to 6.30pm and Saturday 9.30am to 10.30am.

On Wednesday there are no afternoon clinical sessions. The practice opens on Saturday morning for collection of prescriptions and the booking of appointments.

Appointments times are Monday 9am to 12pm and 4.30pm to 6.40pm; Tuesday and Friday 9am to 12pm and 4pm to 5.50pm; Wednesday 9am to 12pm; and Friday 9am to 12pm and 4.40pm to 6.40pm.

The practice opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by Primecare services and patients who contact the surgery outside of opening hours are provided with information on how to contact the service. This information is also available on the NHS choices website.

The practice provides the following directed enhanced services:

- Childhood immunisations and vaccinations.
- Dementia screening.
- Flu vaccinations.
- Unplanned hospital admissions avoidance.
- Learning disabilities health checks.

## 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 for example the community healthcare professionals including health visitor palliative care and health visitor to share what they knew. We carried out an announced visit on 26 April 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager, dispensing and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 open culture in which all safety concerns raised by staff and people using the service were highly valued as integral to learning and improving safety.

- There was a significant events process and protocol that all staff were aware of. The process identified the system of reporting. In the first instance, all reports were discussed with the practice manager.
- We saw evidence of internal meetings where significant events, incidents and near misses were discussed. We saw minutes from these meetings where significant events and learning points were discussed and actions allocated. These minutes were shared with the staff team and were considered in practice and team meetings.
- Patient safety and medicine alerts were reviewed by the practice manager on the day the practice received them. Clinical alerts were sent to the GP and medicines alerts were sent to the dispensary team. We saw evidence of two alerts that had been received between January and March 2017; these had been actioned in a timely and appropriate way.
- Dispensing errors recorded were investigated to identify learning from them. Action taken to mitigate risk was monitored and audited. There was a standard operating procedure in place and this was reviewed annually to ensure it was fit for purpose.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Up to date policies and procedures were accessible to all staff. We saw these had been regularly updated. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated awareness of the content of these policies and procedures.

- The GP was the lead safeguarding and staff were aware of this. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Notices throughout the practice 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 Service (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).
- Staffing levels and recruitment processes were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and adequately. We reviewed three 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.

There were processes and policies that ensured the code of practice on the prevention and control of infection and related guidance were adhered to.

- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy during the inspection.
- There was an environmental cleaning policy and cleaning schedules were signed each day.
- The practice nurse was the clinical lead who had appropriate knowledge and skills to take responsibility for infection prevention and control in the practice.
- There was an infection control protocol that contained information on how to report highly transmissible diseases for example chickenpox, norovirus or suspected outbreaks locally.
- The practice was aware of clinical staff immunisation status for example hepatitis B vaccination. Staff were aware of the correct procedure if they sustained a needle stick injury.
- Records showed that infection control training was completed throughout 2016.
- There were procedures in place to ensure prudent antimicrobial prescribing. For example the prescribing patterns were in line with other local practices.



## Are services safe?

- Infection control audits were carried out annually and we saw that action was taken to address any improvements identified as a result. The last audit had been completed in January 2017.
- Biological samples, cultures and other materials were transported in a manner that ensured they did not leak in transit and were compliant with current legislation.
- Staff who handled samples were aware of the need to correctly identify, label and store samples prior to forwarding to laboratories.
- Waste segregation and disposal was in line with national standards. Clear documentation of transportation of waste from the premises was recorded.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

The practice was a dispensing practice; they dispensed medicines to patients that live over a mile away from a pharmacy. The practice dispensed medicines to 1758 patients (70% of their patient list). The dispensary opening times were 8.30am to 7pm Monday and Thursday and 8.30am to 6pm Tuesday, Wednesday and Friday; Saturday opening times were 9.30am to 10.30am. The dispensary was closed 1pm to 2pm daily.

- Prescriptions could be requested on-line, by post or at the front reception desk. The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewarded practices for providing high quality services to patients of their dispensary. As part of this scheme, the practice had to ensure that face-to-face reviews of 10% of patients were carried out to assess compliance and understanding of the medicines being prescribed, known as dispensing reviews of the use of medicines (DRUMS). During the inspection, it was confirmed that the relevant number of reviews were carried out appropriately.
- Prescriptions were signed by a GP prior to medication being dispensed. There was a process in place for the dispensing of high-risk medicines. Medicines not collected by patients were kept for one month, after which time the medicine was added back into stock.

There were processes in place to ensure a GP was alerted when medicines had not been collected, and entries were made in patients' medical records to discuss when they next attended for an appointment.

- There were processes for handling repeat prescriptions, which included the review of high-risk medicines. We reviewed a sample of anonymised patient records and saw that appropriate blood tests had been carried out for patients prescribed high-risk medicines within the correct timescales.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A PGD protocol was accessible to on the practice computer system for clinical staff and included links so they could access details of the latest guidance. The nurse was trained to administer vaccines and medicines against a PGD. We saw that PGDs had been appropriately signed by the nurse and the GP.
- The dispensary held stocks of controlled drugs (CD) these medicines require extra checks and special storage because of their potential misuse; there were procedures in place to manage them safely. Stock checks of controlled drugs were carried out weekly and were only ordered when required. The destruction of controlled drugs was undertaken in the presence of an authorised witness and the relevant paperwork was completed, signed and witnessed.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had undertaken continuing learning and development.
- Staff had completed a number of dispensary audits including one looking at patients on two specific medicines that guidance had recommended a review and lower dosage in some cases. A subsequent re-audit demonstrated improvement.
- The dispensary staff were able to evidence their Standard Operating Procedures (SOPs) which were dated and signed by all dispensers (these are practice specific written instructions about how to dispense medicines safely). The SOPs were reviewed on a regular



## Are services safe?

basis and updated in response to incidents or changes to guidance. Members of staff who were involved in the dispensing process had received the appropriate training.

- The dispensary was only accessible to appropriate staff (no patients) and no possibility for non-dispensary staff to enter the dispensary without dispensers being aware.
- Dispensary staff identified when a medicine review was due and told us that they would alert the GP to reauthorize the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their condition.

The practice had appropriate recruitment policies and procedures.

- We looked at three staff files for different staff roles including a receptionist, an administrator and a practice nurse. Recruitment checks had been carried out in line with legal requirements. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- Systems and processes were followed when locum GPs were required.
- There was a system to check and monitor clinical staff registrations and professional membership regularly.
- Arrangements were made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff level assessments had been completed to ensure appropriate GP, nurse and staff cover was maintained.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives. 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; clinical equipment was checked to ensure it was working properly. Records showed that all equipment had been tested every 12 months.

- The practice had a variety of other risk assessments to monitor safety of the premises 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had completed an analysis of staffing needs per patient and had used this to identify required staffing levels. There was a rota system for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover each other's roles where necessary.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on all the practice's computers, which alerted staff to any emergency.
- All staff had received annual basic life support training.
- A first aid kit and an accident book were available.
- Emergency medicines and equipment were available and easily accessible to all staff. All medicines we checked were in line with guidance, in date and stored securely.
- Medicines were available to treat a range of emergencies including those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar.
- There was a system to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate pads and masks for adults and children.
- There was a business continuity plan to deal with a range of emergencies that may affect the daily operation of the practice, which included procedures to guide staff should the need for alternative premises become necessary. Copies of the plan were kept within the practice and offsite by key members of staff (GP and the practice manager). Contact details for all staff were included.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Patients' needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes; including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Patients received comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing. The expected outcomes were identified and care and treatment was regularly reviewed and updated.

### 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 were 92% of the total number of points available compared with the clinical commissioning group (CCG) average and national of 95%.

The practice had an exception reporting rate of 6%, which was below the CCG average of 9%, and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. There were 11 indicators for the management of diabetes and these were aggregated. The aggregated practice score for diabetes related indicators was 75% compared with the CCG average of 85% and the national average of 90%. Data from 2015/2016 showed;

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits

(HbA1c was 64mmol/mol) was 66% compared to the CCG average of 73% and national average of 78%. Exception reporting was 12% compared to the CCG average of 15% and national average of 12%.

- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 70% compared to the CCG average of 74% and national average of 78%. Exception reporting was 6% compared to the CCG average of 11% and national average of 9%.
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 70% compared to the CCG average of 75% and national average of 80%. Exception reporting was 8% compared to the CCG average of 16% and national average of 13%.

We discussed the data with the GP. They told us they were aware of the data and consistently offered opportunistic reviews when the patient attended the practice for other reasons. Blood forms would be supplied and the nurse would follow up with an offer of a phlebotomy appointment if one were not made. We were also told that the practice had a high number of patients who had declined to attend for blood tests and this affected their ability to achieve higher outcomes. We were assured that patients were being monitored effectively.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was above or within the range of the national average for example:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 82% compared to the CCG and national average of 83%.
- The percentage of patients with asthma who had a review within the previous 12 months was 80% compared to the CCG average and national average of 75%. Exception reporting was 0% compared to the CCG average of 12% and national average of 8%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had an assessment of breathlessness using the Medical Research Council scale was 100% compared with the CCG and national average of 90%. Exception reporting was 0% compared to the CCG average of 15% and national average of 11%.

# Are services effective?

## (for example, treatment is effective)

Data for patients experiencing poor mental health (including patients diagnosed with dementia) showed the practice performed mainly in line with local and national levels:

- Performance for mental health indicators was 100%, which was above the CCG average of 92% and the national average of 88%. The practice exception rate was 6%, which was lower than the CCG average of 17% the national average of 11%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans were 100%, which was above the CCG average of 85% and the national average of 89%. The practice exception rate was 0%, which was lower than the CCG average of 18% and the national average of 13%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 78%, which was below the local and national averages of 85% and 84% respectively. The practice exception rate was 10%, which was higher than the CCG average of 8% and the national average of 7%. We reviewed some of the patients that had been exception reported and found that they were appropriate.

The practice kept a record of all home visits (including out of hours service visits). This was updated each month The practice monitored the reason and frequency of these visits to identify whether patients might be at risk of deterioration in their condition.

The practice had improved the quality of care and treatment it provided through clinical audit and ongoing monitoring.

- There had been four clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Audit subjects were insightful and demonstrated quality improvement resulting in better patient outcomes. For example, the GP had audited the uptake of bowel cancer screening over the preceding 12 months. They identified patients that had not responded to the invitation or did not attend the appointment. They would put an electronic alert on the patient's computerised notes to prompt the GP to give the

patient an information leaflet and recommend they request a new appointment through the central screening service. The practice had planned a further audit to commence in six months' time.

- Findings were used by the practice to improve services. For example, guidance recommended that patients that were a certain amount overweight and were prescribed the combined contraceptive should be reviewed due to identified risks of developing deep vein thrombosis. We saw evidence these patients were appropriately reviewed and offered alternative methods

### Effective staffing

All staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. Their learning needs were identified and training was provided to meet these needs. Staff were supported to maintain and further develop their professional skills and experience.

- The practice had detailed staffing and recruitment policies and procedures in place
- 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.
- We saw records of training considered to be essential by the practice, which included details for all clinical and non-clinical staff. We saw that all staff had received training and updates that included basic life support, child and adult safeguarding, and infection control. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.
- We saw evidence of role-specific training and updating for relevant staff. For example, clinical staff could evidence a range of specialist training such as diabetes and wound care.
- Staff who administered vaccines kept up to date with changes to the immunisation programmes through access to online resources and discussion at practice meetings.
- There was a comprehensive, well-structured training programme for all staff. Staff received appropriate training to meet their learning needs and to cover the scope of their work. For example, staff administering vaccines and taking samples for the cervical screening

# Are services effective?

## (for example, treatment is effective)

programme had received specific training, which had included an assessment of their competence. The practice nurses attended annual updates for cervical screening.

- The learning needs of staff were identified through appraisals and reviews of practice development needs. This included ongoing support during meetings, clinical supervision and facilitation.
- Staff had access to and made use of e-learning training modules and in-house training. This included safeguarding, fire procedures, basic life support and confidentiality.

### Coordinating patient care and information sharing

There was a holistic approach to planning patients, transfer or transition to other services; this was done at the earliest possible stage. 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.
- Every three months the practice held multi-disciplinary meetings to assess the range and complexity of patients' needs, and to plan ongoing care and treatment for vulnerable patients including those at high risk of hospital admission and vulnerable patients. This meeting included a GP who met with representatives from community-based services including district nursing team staff, a community matron, a physiotherapist or occupational therapist, a community psychiatric nurse, and a social services representative. Minutes were produced to ensure care plans were reviewed and updated for patients with complex needs.
- The practice regularly reviewed patient data and this included patients that were requesting frequent appointments, urgent care list and OOH contacts, this information would be fed into their MDT frailty meetings with other providers. The GP reviewed all unplanned admissions from their frailty register within 48 hours of discharge.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

### Consent to care and treatment

Practices around consent and records were actively monitored and reviewed to improve how patients were involved in making decisions about their care and treatment. Engagement with stakeholders, including patients and those close to them, informed the development of tools and support to help people give informed consent. For example, some patients with learning disabilities had identified their own personal pictorial card to identify common medical issues.

- 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, recorded the outcome of the assessment.
- Patients with dementia were supported to make decisions through the use of care plans, which they and their support network were involved in and agreed with.
- For patients with dementia, written consent for relatives to share in medical information and treatment planning was encouraged and well documented.
- Written consent was obtained for minor surgery procedures where the relevant risks, benefits and possible complications of the procedure were explained.

### Supporting patients to live healthier lives

Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill health, and every contact with a patient was used to do so.

- We noted a culture among all staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering weight loss advice for overweight patients and smoking cessation advice to smokers.

# Are services effective?

(for example, treatment is effective)

- The practice focused on helping patients understand their conditions, and sign posted patients to relevant services. These included signposting to websites that encouraged patients to share their experiences of health and illness, and those providing patients with useful information about their condition. There were links to websites on the practice web page.
- The practice had identified an increase in incidences of diabetes and obesity in children and young adults, they actively offered lifestyle advice and signposts patient to local services for example local gyms

The practice had a similar to local and national average of new cancer cases. They told us they encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice had comparable performance in comparison with local and national rates of screening for their patients in some areas. For example;

- The practice's uptake for the cervical screening programme was 85%, which 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. There were failsafe 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.

- The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. For example, 78% of women aged between 50 and 70 had attended screening for breast cancer, which was comparable to the CCG of 77% and slightly higher than the national average of 72%. Bowel cancer screening was similar to local and national averages, for example at 61% compared with the CCG average of 60%.

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

During our inspection, we observed staff recognised and respected the totality of patient's needs. They always took patients personal, cultural, social and religious needs into account. Feedback from patients who used the service, those who were close to them and stakeholders were positive about the way staff treat people.

- Staff made sure patients privacy was respected when they received treatment. We saw curtains were provided in consulting rooms.
- All reasonable efforts had been made to ensure that discussions about care, treatment and support only took place in an area that could not be overheard. We observed that consultation room doors were closed and there was a quiet room available for patients who wanted to discuss sensitive issues or appeared distressed.
- Patients' confidentiality was respected at all times. Legal requirements about data protection were met. When patient's care and support was provided by a mix of different providers the practice ensured minimal risks to privacy and confidentiality was maintained.
- Patients were involved and encouraged to be partners in their care and in making decisions, and received any support they needed.

All of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients including members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Feedback received from patients we spoke with on the day, told us that patients consistently felt that they were treated with compassion, dignity and respect by all the staff.

Results from the national GP patient survey in July 2016 showed the practice was inline or slightly above local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average and the national average of 88%
- 95% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the CCG average of 86% and the national average of 87%.

We spoke with community-based staff who told us that the practice team communicated with them effectively, and that GPs were approachable and accessible. They told us that the practice worked in collaboration with them and responded promptly to address patients' needs.

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

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.

Patients spoken with on the day were complementary, positive and aligned with these views.

We saw that personalised care plans were in place for the practice's most vulnerable patients with long-term conditions and complex care needs and those results from health reviews were shared with patients.

Results from the national GP patient survey, published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

## Are services caring?

- 85% said the last GP they saw was good at explaining tests and treatments (CCG average of 84%, national average of 86%).
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average of 85%).

Nursing staff received similar positive results. For example:

- 97% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 90%).
- 95% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average of 86%, national average of 85%).

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that there were no patients that did not speak English on their list. There were processes in place if a non-English speaking patient wished to join the practice.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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

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.

Information about support groups was also available on the practice website. Support for isolated or housebound patients included signposting to relevant support and volunteer services.

The practice did not have an effective system in place to identify patients who were also carers. They did ask about carer status on the new patient registration form. However, there were no processes in place to alert GPs if a patient was a carer on the practice's computer system or to identify the status change while on the patient list. For example, the practice ran search for carers and this identified 13 patients (0.5%). We reviewed four of those patient's notes and found only two were patients who were carers. We discussed this with the GP who was able to identify several carers but they were not coded correctly. Therefore, they were not offered seasonal flu immunisation or extra health checks. We received an action plan within 24 hours post inspection stating how the practice was going to improve the identification of their patients who are carers.

The palliative care services were tailored to meet the needs of patients and were delivered in a way to ensure flexibility, choice and continuity of care. The staff were firmly committed in the belief that patients at the end of life and their families benefited greatly from a continuity of care that only their family GP would be able to provide. The GP provided out of hours care to these patients and those with complex medical needs, so they could access health care from the GP directly 24 hours a day. This group of patients were given the mobile number of the GP and they were told they could access their GP at any time.

Following bereavement, the GP would call or visit relatives or carers to offer condolences and assess if any additional support might be required. Information was available to signpost relatives or carers to appropriate services such as counselling where indicated. The practice had introduced an eleven-point checklist for practice staff to follow, to reduce the possibility of relatives receiving unwanted correspondence from other healthcare professionals after a patient had passed away. The checklist included contacting hospital departments and consultants where the patient may have been receiving treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were tailored to meet the needs of the patient and were delivered in a way to ensure flexibility, choice and continuity of care. 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 practice offered extended hours on a Monday and Thursday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- The practice used the depression and anxiety screening tool kit to identify the risk of self-harm for patients that were experiencing poor mental health or dementia. If a risk was identified referral was undertaken in a timely way and followed up.
- Patients unable to attend the practice due to illness or frailty were identified and offered help by a 'village agent' for support. Some of the practice staff volunteered in this service.
- When patients over 75 attended to practice or requested a home visit the clinician would opportunistically offer senior health checks or vaccinations if they were required.
- Older patients were actively screened for common diseases of this group including osteoporosis, depression and dementia.
- The practice actively screened for signs of early dementia if identified there were processes to ensure timely referral was made.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- The practice worked with midwives, health visitors and school nurses to support families. For example, the provision of a midwife for antenatal, post-natal checks every two weeks at the practice.
- Practice nurse appointments were available Monday to Friday 8am to 1pm and 2pm to 6pm. this included phlebotomy slots.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- The practice was proactive in offering online services as well as a full range of health promotion and screening.
- The practice was proactive in providing palliative care and support for patients. This included leading regular multidisciplinary planning meetings, providing anticipatory care plans and discussing do not attempt resuscitation decisions with the community palliative care team. A hospice at home team was available locally and practice staff liaised directly with them to help patients achieve their preferred place of care when nearing the end of their lives. This included direct support from the GP. We saw an example of clearly coordinated care between the GP and the hospice at home team that enabled a patient to die at home which is what they had requested.
- Although the dispensary was not open on Saturdays, patients were able to collect prescriptions from 9.30am to 10.30am.

### Access to the service

Patients could access the right care at the right time. Access to appointments were managed to take account of patient's needs. Appointments were from 9am to 6.40pm Monday and Thursday, 9am to 5.50pm Tuesday and Friday and 9am to 12pm on Wednesday. The practice was open Saturday morning **for the collection of prescriptions and the booking of appointments only.**

In addition to pre-bookable appointments that could be booked up to one month in advance, the practice provided a daily GP-led triage service for patients who needed an urgent home visit or telephone appointment.

Results from the national GP patient survey, published in July 2016 showed that patient's satisfaction with how they could access care and treatment was higher to local and national averages.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 78% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%.
- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 91% of patients described their overall experience of this surgery as good compared with the CCG average of 83% and the national average of 85%.
- 83% of patients said they don't normally have to wait too long to be seen compared with the CCG and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. We saw that the next routine, pre-bookable appointment was available in two days' time and that there were same day appointments still available.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary.
- The urgency of the need for medical attention.

- The practice had a policy that any patient requiring a same day appointment would be contacted by a GP to assess the urgency and if appropriate asked to attend the surgery at the end of surgery hours.
- Alerts were set up to identify patients who required easy access for example a vulnerable family.
- Access to the GP via telephone consultation was available.

### Listening and learning from concerns and complaints

There was openness and transparency in how complaints were dealt with. Complaints and concerns were always taken seriously, responded to quickly and investigated. 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. A complaints leaflet was given to patients, which included information on how to report concerns to the practice as well as to external organisations. We also saw information on the practices website.

We looked at one complaint received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints. Action was taken 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

There was a clear statement of vision and values, driven by quality and sustainability. It had been translated into a realistic strategy and well-defined objectives that were achievable and relevant. Their strategy included the wider community with a focus on person centred care.

- The practice had a strategy and supporting business plans that reflected the vision and values and were regularly monitored.
- The practice had a very clear and comprehensive statement of purpose, which was published on the practice website, and staff knew and understood the values.
- The practice worked closely with and considered the needs of the wider community providing services and support where they were able.
- The practice had used the opportunity to prepare for their inspection to reflect on what they did well, and areas where they could improve. This had resulted in the practice identifying key areas for future development including improving identification of carers, eleven point check post bereavement and setting up the Wyncroft dementia group.

### Governance arrangements

Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes. The practice had an overarching governance framework, which 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. Staff told us they worked as a team and supported each other in achieving effective patient care.
- Practice specific policies were implemented and were available to all staff on the shared computer drive. These policies were subject to a proactive scheduled review and at the time of inspection all policies were within date.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A comprehensive understanding of local population needs and performance was maintained and this was supported by the effective use of intelligence such as Public Health profiles, QOF reporting, and the use of the Primary Care Web tool. A programme of continuous clinical and internal audit was also used to monitor quality and to support continuous improvement.
- The practice demonstrated high levels of achievement in the Quality and Outcomes Framework across all clinical health indicators.
- The practice demonstrated commitment to best practice performance and risk management systems and processes, regularly reviewing their operation, and ensuring staff had the skills and knowledge to use those systems and processes effectively. When problems were identified, there were processes in place to address quickly and openly.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

Leaders had an inspiring shared purpose, strove to deliver and motivate staff to succeed. On the day of inspection, the leaders in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The leaders were motivational and worked towards achieving their objectives by involving staff at all levels. They prioritised safe, high quality and compassionate care. The leaders were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Staff said they felt respected, valued and supported; newer staff commented that they felt the practice was particularly well organised and had felt well supported in their induction.

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). This included

# Are services well-led?

Good 

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

support training for all staff on communicating with patients about notifiable safety incidents. The leaders encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- 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. We noted the practice closed for four hours each month for protective training time and for meetings. An emergency number was available to contact the practice during the closure.
- Many of the staff including the GPs, practice nurses, senior management, the reception and administration team had worked together for several years and had been afforded opportunities to develop within their role. They told us they enjoyed their work, they worked as a team and they knew the needs of the patient population well.
- Staff told us they felt valued, well supported and appropriately trained for their role. There were high levels of constructive staff engagement. Staff were engaged and involved in discussions about service development in the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.
- Staff were aware of which leader had specific responsibility for different areas of work and therefore they knew who to approach for help and advice. Staff had been provided with an extensive range of quality training linked to their roles and responsibilities. They told us they were very well supported with their professional development.

## 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 encouraged and valued feedback from patients and the public. It had gathered feedback from patients through a suggestion box, patient surveys, the NHS Choices website, and complaints received. An example of how the practice used feedback was to move the blood pressure machine away from the reception area as it had been identified patients could hear conversations with the reception staff.
- The practice monitored monthly feedback from the NHS Friends and Family Test (FFT). The returns indicated that 98% of patients who responded would be 'extremely likely' or 'likely' to recommend the surgery to others since the test was introduced in April 2015.
- The practice published a patient newsletter to help inform and engage patients.

There was an active Patient Participation Group, which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We spoke with three members of the patient participation group (PPG). The PPG members could not praise the practice more highly and particularly emphasised the open, collaborative way in which the practice worked with the PPG members. They told us they felt their involvement was valued and their efforts to support the practice were listened to and appreciated.

## Continuous improvement

The leadership had a strong focus on performance management, continuous learning and improvement at all levels within the practice. The practice team demonstrated a clear proactive approach to seeking out, supporting and embedding new ways of working either solely within the practice or in conjunction with others and participated in local programmes and pilot schemes.