St Ann Street Surgery

Quality Report

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Salisbury
Wiltshire
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Date of inspection visit: 3 November 2016
Date of publication: 19/12/2016

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Anne Street Surgery on 3 November 2016. Overall the practice is rated as outstanding.

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 used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. Examples were:
- The practice worked with two other local practices to ensure frail patients over the age of 75 received domiciliary visits from the practice pharmacist and care coordinator to support them in their social care needs and medicines management.
- The practice provided care for patients admitted to the 15 intermediate care beds in the city, which provided an environment that would enable successful rehabilitation at a place close to home.
- The initiation of a community heart failure clinic.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the introduction of mental wellbeing courses to support different cohorts of patients towards a healthier life.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

Summary of findings

- The practice was a teaching and training practice and provided placements for GP registrars, medical students and administrative apprentices from the local college.

We saw several areas of outstanding practice including:

- The practice worked with the local heart failure specialist nurse to improve the care of patients with this condition. A 12 week pilot project was initiated by the practice, that incorporated six local practices and assessed the impact of a primary care community heart failure service. During the pilot, patients were referred to the service for assessment, diagnosis and continuing care. A number of these patients were found to require immediate changes to treatment and hospital admission was avoided in over 80% of these patients. Weekly involvement from a local consultant cardiologist gave the opportunity for complex cases to be discussed. An education programme was also delivered to patients which enabled them to recognise symptoms and improve self-management. The success in terms of patient outcomes of the pilot project had led to the clinical commissioning group extending the project to the whole area. The team had won their category for Clinical Community team of the year in the National GP awards 2016.
- People's individual needs and preferences were central to the planning and delivery of tailored services. For example, a GP at the practice, who had a special interest in drug and alcohol misuse, recognised that a number of working patients wanted to reduce alcohol intake before it became a major problem, but away from the perceived stigma of the drug and alcohol service. The GP worked with the substance misuse service to deliver one to one counselling appointments at the practice outside of work hours. We saw evidence that the service had made a positive impact for these patients.
- We saw proactive innovative approaches to understanding the needs of different groups of people to ensure care was delivered in a way to meet those needs. For example, the practice initiated three mental wellbeing courses, delivered by Active Plus (a charity that delivers personal development, education and wellbeing programmes to people in need). The objective of the courses was to deliver the programme to patients seeking medical support, but who would be more likely to benefit from positive practical activities, interaction with others and the development of a personal action plan to take them forward. Following positive outcomes further cohorts of patients had been identified, for example, carers and patients who were finding it challenging to return to work following sickness, and courses made available to them. Positive outcomes had enabled the practice to obtain further funding in order to continue this work.

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?

Good 

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Information about safety was highly valued and was used to promote learning and improvement.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Are services effective?

Outstanding 

The practice is rated as outstanding for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. The practice had invested in a package of templates that were linked to national guidelines which better supported the delivery of high quality evidence based care.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. For example improving the care of patients living will coeliac disease (a disease which leads to difficulty in digesting food).
- Data showed that the practice was performing highly when compared to practices nationally.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014 to 2015) was 94% compared to a local average of 91% and a national average of 88%.

Summary of findings

- The percentage of patients with a serious mental health illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014/ 2015) was 94% compared to a local average of 92% and a national average of 89%.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example:
- Working with local practices to redesign the way services were delivered to care homes had halved emergency admissions.
- Working with the clinical commissioning group and Wiltshire Public Health, the practice had initiated a community heart failure project. Good outcomes had led to agreement for the project to be extended to the local area and won their category for, Clinical Team of the Year in the National GP awards 2016.
- The practice was a teaching and training practice and provided placements for GP registrars, medical students and administrative apprentices from the local college

Are services caring?

Outstanding ☆

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified patients who were also carers. A cares café had been organised at a local school, where partner organisations, such as Carers Support Wiltshire and the Alzheimer's society, attended to provide support and information. Carers had been offered a life skills course to support them in their day to day commitments and challenges, in order to maintain their own health and wellbeing.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding 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 patients' needs. For example:

Summary of findings

- The practice provided care for patients admitted to the 15 intermediate care beds in the city, which provided an environment that would enable successful rehabilitation at a place close to home.
- The practice worked with two other local practices to ensure frail patients over the age of 75 received domiciliary visits from the practice pharmacist and care coordinator to support them in their social care needs and medicines management.
- There were innovative approaches to providing integrated patient-centred care.
- The practice had worked with the clinical commissioning group and other local stakeholders to deliver mental wellbeing courses for patients who would benefit. Following positive outcomes further cohorts of patients had been identified, for example, carers and those patients who were finding it challenging to return to work following sickness, and courses were made available to them.
- People's individual needs and preferences were central to the planning and delivery of tailored services. For example, a GP at the practice who had a special interest in drug and alcohol misuse recognised that a number of working patients wanted to reduce alcohol intake before it became a major problem but away from the perceived stigma of the drug and alcohol service. Collaboration with the substance misuse service led to the delivery of a service that met the needs of these patients.
- The practice had recognised that 10 -15% of all triage calls to the practice were medicine related. As a result the practice pharmacist was incorporated into the practice triage service, where medicine related telephone calls were redirected to the pharmacist by the receptionists with good outcomes.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients could access appointments and services in a way and at a time that suits them. A significantly higher number of patients were satisfied with the practices opening hours and the ability to get through to the practice by phone compared to local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Summary of findings

Are services well-led?

Outstanding 

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.
- The practice sought opportunities to deliver tailored care in the local community and improve health outcomes for patients. For example the initiation of a community heart failure clinic and a support service for working patients who wished to reduce their alcohol intake.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. There was a clear leadership structure in place and staff felt supported by management. They recognised that staff retention was integral to delivering a high quality service and encouraged staff development in line with the needs of the individual, as well as the practice, and worked hard to ensure high staff satisfaction.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. This included arrangements to monitor and improve quality and identify risk. The practice management had evaluated information and data from a variety of sources to inform decision making that would deliver high quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The partners in the practice prioritised safe, high quality and compassionate care. The partners were visible and it was clear that there was an open culture within in the practice. There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice proactively sought feedback from staff and patients, which it acted on. The partners recognised staff for their areas of expertise and demonstrated a willingness to learn and improve systems suggested by staff.
- 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

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Changes to the ways of working in nursing and care homes had improved patient outcomes in terms of consistency of care, the quality of interactions and reduced hospital admissions. Feedback from care home staff was very positive regarding the quality of care provided by the practice.
- The practice worked with two other local practices to ensure frail patients over the age of 75 received domiciliary visits from the practice pharmacist and care coordinator to support them in their social care needs and medicines management.

People with long term conditions

Outstanding ☆

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Hospital admissions for patients living with COPD (a chronic lung condition) had been reduced by a third following improved management of these patients within the practice.
- The initiation of a community heart failure clinic had resulted in improved self-management by these patients and reduced hospital admissions.
- The practice provided care for patients admitted to the 15 intermediate care beds in the city. These beds provided an environment that would enable successful rehabilitation. The practice worked closely with occupational therapists, rehabilitation assistants, nurses, social workers and the patients own GP to ensure the care for patients was consistently optimised.
- Longer appointments and home visits were available when needed.

Summary of findings

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

Families, children and young people

Outstanding ☆

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice was a young person friendly practice and delivered the 'No Worries' service, a confidential sexual health service for all young people aged 13-24, which offered access to contraception, testing and treatment of sexually transmitted infections, support and information about safer sexual relationships.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding 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.
- Extended hours surgeries were offered three mornings a week and one Saturday a month.
- 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.

Summary of findings

- A one to one counselling and support service was available outside of working hours for those patients who wished to reduce their alcohol intake before it become a major problem but away from the perceived stigma of the drug and alcohol service.
- Funding was gained from the Department of Work and Pensions for a mental wellbeing course to be delivered to patients who were finding it challenging to return to the work place following illness.

People whose circumstances may make them vulnerable

Outstanding ☆

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.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice was working with the local area on a Substance Misuse and Mental health project. The objectives of the project was for GP practices in the locality to provide care closer to home and with wider stakeholders, to improve the lives of their patients and reduce the associated burden seen with this cohort of patients. Funding had been made available and a model of care agreed.
- The practice informed 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.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

- 95% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was higher than the local average of 88% and the national average of 84%.

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.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There were proactive innovative approaches to understanding the needs of different groups of people to ensure care was delivered in a way to meet those needs. For example, the practice commissioned three mental wellbeing courses that were delivered by Active Plus (a charity that delivers personal development, education and wellbeing programmes to people in need). The programmes were successful in supporting identified patients towards a healthier life.
- The practice 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 patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. Of the 219 survey forms that were distributed and 132 were returned. This represented a 60% response rate compared to a national average of 38% and approximately 1.7% of the practice population.

- 95% of patients found it easy to get through to this practice by phone compared to the local average of 85% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 89% and the national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the local average of 90% and the national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area good compared to the local average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Examples of comments received included, that the staff were friendly, efficient and helpful and that staff showed humanity and understanding

We spoke with 4 patients during the inspection. All 4 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The results of the Friends and family test from February to October 2016 showed 96% of patients would recommend a friend or family member to the practice.

St Ann Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a second CQC inspector.

Background to St Ann Street Surgery

St Ann Street Surgery is located near the centre of Salisbury, in Wiltshire. The practice has a slightly higher than average patient population in the over 45 years age group and lower than average in the 15 to 40 years age group. The practice is part of the Wiltshire Clinical Commissioning Group and serves approximately 8,000 patients across two surgeries, one in the centre of Salisbury and one in Porton, about seven miles from the city centre. Porton surgery offers dispensing services to eligible patients (those who live further than one kilometre from the chemist). The area the practice serves is urban and semi-rural and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the low to mid-range for deprivation nationally (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). The practice has a higher than average number of patients (4.1%) who are unemployed compared to the local average of 2.9% but lower than average compared to the national average of 5.4%.

The practice is managed by five GP partners (three female and three male).The practice is supported by three salaried GPs, all female, a nurse practitioner, a practice nurse, one health care assistant, and an administrative team led by the practice manager. The practice has three trained dispensers who dispense medication for patients under the supervision of the doctors and another who was undergoing training. St Ann Street Surgery is a teaching and training practice providing placements for GP registrars and medical students and administrative apprentices.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8.30am and 12pm every morning and 3.30pm to 5.30pm every afternoon at St Ann's Surgery. Telephone appointments are also available to book. Extended hours appointments are offered on one Saturday morning every month and from 7.30am to 8am on Mondays and Fridays and from 7.15am to 8am on Tuesdays. Porton Surgery offers extended hours from 7.30am until 8am on Tuesday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for patients that needed them.

When the practice is closed patients are advised, via the practice website and telephone answer machine that all calls will be directed to the out of hour's service. Out of hours services are provided by Medvivo.

The practice has a General Medical Services (GMS) contract to deliver health care services.

St Ann Street Surgery is registered to provide services from the following locations:

82 St Ann Street, Salisbury, Wiltshire. SP1 2PT.

and

Porton Surgery, 32 Winterslow Road, Porton. SP4 0LR

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of St Ann Street Surgery.

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 November 2016. During our visit we visited both the St Ann Street Surgery and the branch surgery at Porton and:

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

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

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

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

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

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

Good

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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the dispensary made an error when putting medicines into a compliance dosing aid. This was raised as a significant event and discussed at a practice meeting. As a result the practice changed its policy and procedures to ensure two dispensers checked all compliance aid boxes prior to medicines being dispensed to the patient to reduce the possibility of reoccurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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 on safeguarding children and vulnerable adults relevant to their role. GPs and the nursing staff, including the health care assistant, were all trained to child protection or child safeguarding level three. All other staff were trained to level one and the lead GP for safeguarding had delivered an update to all staff at a practice away day. A knowledge test had been devised to determine gaps in knowledge to ensure training was tailored effectively.
- 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 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).
- 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams and the practice employed pharmacist, 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 in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were not trained to administer vaccines and medicines.

- The practice had a dispensary at the branch practice in Porton which was open 8.30am to 2pm daily. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines The practice was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had received training for their role. Staff received annual appraisals and a check of their competence. This helped ensure they were working to the correct, safe standard and protected patients from the risk of medicines errors.
- Medicines incidents and 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- Arrangements were in place for storing medicines so that unauthorised staff or patients would not be able to access them. Stock medicines were stored safely.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four 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.

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 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 and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 stored securely.
- 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.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for 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 patients' needs. For example an audit highlighted that only 25% of patients who lived with coeliac disease (a disease which leads to difficulty in digesting food) had received a comprehensive annual review, as recommended by guidelines. Improvements by the practice included, an evidence based template being written for their clinical computer system, an educational update for clinical staff and all patients being invited for a review. A follow up audit demonstrated that 81% had received an annual review in line with guidelines.
- The practice had invested in a package of templates. These were in addition to the templates provided on the clinical computer system used by the practice. This decision was taken as they felt the new templates better supported the delivery of high quality care in all consultations. The templates were linked to national guidelines, evidence based resources and patient information leaflets which were regularly updated by the provider of the templates.
- 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 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 99% of the total number of points available. The practice was an outlier for QOF exception rating for three clinical areas, mental health, diabetes and asthma. (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). The practice had analysed these exceptions and had identified coding anomalies for mental health, which the practice were aware of and working to resolve. For diabetes, the most recent figures (2015/16) demonstrated that exception rating had been reduced from 17% to 9% which was in line with local and national figures. We were shown action plans that the practice had put into place to address areas of high exception reporting in asthma. This included ensuring that a clinical member of staff had made telephone contact with all patients who had not attended after receiving invitations by letter. Further investigation on the day of the inspection by the inspection team found that clinical care was in line with guidelines[SM1].

Data from 2015 - 2016 showed:

- Performance for diabetes related indicators was better than the local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within target range (2014/ 2015) was 86% compared to a local average of 80% and a national average 78%.
- Performance for mental health related indicators was comparable to the local and national averages. For example, the percentage of patients with a serious mental health illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014/ 2015) was 94% compared to a local average of 92% and a national average of 89%.

There was evidence of quality improvement including clinical audit. The practice was proactive in continually improving processes and had recently introduced quarterly clinical audit meetings where audits in progress and future proposed audits were discussed. There had been 12 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation and peer review. Weekly meetings were held, where all referrals that had been made were peer reviewed, to ensure all referrals were appropriate.
- Findings were used by the practice to improve services. For example, an audit was undertaken to assess whether care within the practice met the five standards of care recommended by the National Patient Safety

Agency for patients taking a specific high risk medicine. Initial results demonstrated that only one standard of care was being met for all identified patients. Following changes to systems and processes, a follow up audit showed that standards were being met by 100% of patients in three of the standards of care and percentages had increased significantly in the remaining two areas.

Information about patients' outcomes was used to make improvements such as: an audit had highlighted that the practice was one of the highest practices in Wiltshire for COPD (a chronic lung condition) hospital admissions. The practice redesigned the service offered to their patients, which included ensuring patients were offered self-management plans, referral to lung rehabilitation courses and improved consistency in the quality of consultations. A follow up audit demonstrated that the practice had reduced hospital admissions by 33% over a four year period.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nurses had undertaken diplomas in diabetes and respiratory disease. Staff told us that they attended regular updates and were proactively supported to acquire new skills and share best practice. For example, key learns from external training days were shared with the practice team at practice meetings and via a learning and development notice board in the staff meeting room.
- The practice was a teaching and training practice and provided placements for GP registrars, medical students and administrative apprentices from the local college.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Staff, teams and services were committed to working collaboratively. Patients who had complex needs were supported to receive coordinated care and there were innovative and efficient ways to deliver patient care.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Advanced care plans were shared with the out of hour's service providers to ensure patients wishes were known and considered when their own GP was unavailable.
- The practice had worked with local practices to change the way medical services were delivered to patients living in nursing and care homes. A reduction in the number of homes they provided services for, from 17 to seven facilitated improved ways of working, in continuity and collaboration between care home staff and the practice. This had improved patient outcomes in terms of consistency of care and the quality of interactions and had led to a 50% reduction in emergency admissions in two years. The practice surveyed care home staff to evaluate the service. We

saw evidence of positive feedback from care home staff regarding the quality of care the practice provided and suggestions made to improve the service further were implemented by the practice.

- Following an audit of patients with heart failure the practice worked with the local heart failure specialist nurse to improve the care of patients with this condition in the community. Following this an application for funding from Wiltshire Public Health was successful to initiate a 12 week pilot project that incorporated six local practices to assess the impact of a primary care community heart failure service. A GP within the practice led on the project. During the pilot project 127 patients were referred in to the service for assessment, diagnosis and continuing care. Thirty two urgent referrals were made and were able to be seen within 48hours, 16 of these patients were found to require immediate changes to treatment. Twelve of the patients required intensive heart failure management and hospital admission was prevented for over 80% of these patients. Weekly involvement from the local consultant cardiologist gave the opportunity for complex cases to be discussed. An education programme was also delivered to patients in order to enable them to recognise symptoms and improve self-management. Patient questionnaires demonstrated very high satisfaction scores for both the education programme and the heart failure consultation service. The success of the pilot project had led to the clinical commissioning group extending the project to the whole area.
- High performance by the practice had been recognised by credible external bodies. For example, the success of the heart failure project, had resulted in a highly commended award in the Wiltshire Public Health Awards 2015, which recognised the contribution made by primary care to the delivery of public health and health improvement programmes. It had also won their category for, Clinical Team of the Year – Cardiovascular, in the National GP awards 2016.

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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available from health trainers and the practice pharmacist.
- The citizen's advice bureau attended the practice weekly and offered appointments to patients who may benefit from their support.

The practice's uptake for the cervical screening programme was 78% which was comparable to the CCG average of 76% and the national average of 72%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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 attend national screening programmes for bowel and breast

Outstanding ☆

Are services effective?

(for example, treatment is effective)

cancer screening. For bowel cancer 62% of eligible patients had been screened which was similar to the local average of 63% and the national average of 58%. For breast cancer 80% of the eligible patients had received screening compared to a clinical CCG average of 77% and a national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100%, compared to a local average of 95% to 97% and five year olds from 88% to 97% compared to the local average of 91% to 97%.

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.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

All of the 40 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 one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 87%
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% 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 93% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Feedback from people who use the service, those close to them and stakeholders were continually positive about the way staff treat people.

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- 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.
- Information leaflets were available in easy read format.

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.

Outstanding ☆

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 141 patients as carers (1.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them. A carer's café had been organised at a local school, where partner organisations, such as Carers Support Wiltshire and the Alzheimer's society, attended to provide support and information. Carers were informed of these via text messaging and were well attended. The practice ensured carers received the fifty pound voucher available to them from Carers Support Wiltshire on a six monthly basis to spend on themselves and also that they were given support with respite care where appropriate. The practice had been given a Gold award last year for this work, by Care Support Wiltshire.

Carers had been offered and attended a life skills course to support them to deal more effectively with their day to day commitments and challenges in order to maintain their own health and wellbeing. Three courses, one morning a week for three weeks was evaluated using a nationally recognised mental wellbeing scale and evaluation forms after each session. Sixteen carers completed the course and we saw evidence that the course achieved a range of impactful changes, including coping skills, mental health and self confidence for the participants, as well as very positive comments in the feedback support them in their day to day commitments and the challenges in order to maintain their own health and wellbeing.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Patients were referred for bereavement counselling where appropriate.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice provided care for patients admitted to the 15 intermediate care beds in the city. The purpose of these beds was to reduce pressure on acute hospitals whilst providing an environment that would enable successful rehabilitation. The practice worked closely with occupational therapists, rehabilitation assistants, nurses, social workers and the patients own GP to ensure the care for patients was consistently optimised. In order to improve the care patients received, the practice collaborated with the provider to improve facilities and staffing ratios.

- The practice offered extended hours surgeries, for working patients who could not attend during normal opening hours, at St Ann's Street surgery on a Monday and Friday, 7.30am to 8am, a Tuesday from 7.15am until 7.45am and one Saturday a month. The branch site at Porton offered extended hours on a Tuesday morning from 7.30am until 8am.
- There were longer appointments available for patients with a learning disability.
- Homeless people were able to register with the practice. Approximately 50 homeless patients were registered with the practice at the time of the inspection. The practice recognised that a number of these patients had drug and alcohol related issues. A GP undertook additional training in this area, in order that the practice could better support these patients and the practice worked in partnership with the local drug and alcohol service and pharmacies to provide care and treatment to patients with substance misuse problems under a shared care agreement.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The involvement of other organisations and the local community was integral to how services were planned and ensured these met people's needs. Integrated person-centred pathways of care involved other service providers, particularly those patients with multiple complex needs. For example, the practice had engaged with transforming care of older people. The practice worked with two other local practices to ensure frail patients over the age of 75 received domiciliary visits from the practice pharmacist and care coordinator to support them in their social care needs and medicines management. We saw examples where potential hospital admissions had been prevented but as the service had only been recently introduced further evaluation of the benefits to both the patients and the practice was not yet available. However we did see that despite growing numbers of frail older people during the period, admissions had remained stable. We also saw that all admissions were analysed by the team, in order that areas for improvement could be identified. The pharmacist contacted elderly frail patients discharged from hospital within 48 hours, to ensure they understood any changes to their medicines and that they had the correct supplies.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was also approved to administer yellow fever vaccines.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was a young person friendly practice and delivered the 'No Worries' service, a confidential sexual health service for all young people aged 13-24, which offered access to contraception, testing and treatment of sexually transmitted infections, support and information about safer sexual relationships.
- There were proactive innovative approaches to understanding the needs of different groups of people to ensure care was delivered in a way to meet those needs. For example, the practice worked with the CCG to gain funding to commission three mental wellbeing courses, delivered by Active Plus (a charity that delivers personal development, education and wellbeing programmes to people in need). The objective of the courses was to deliver the programme to patients seeking medical support but who would be more likely to benefit from positive practical activities, interaction with others and the development of a personal action plan to take them forward. In addition the aim was to reduce GP surgery attendance and the use of prescribed medicines. Eight patients attended over three courses,

100% attendance was reported and all had developed personal action plans. We saw many comments from attendees which demonstrated the positive impact the course had made on them. Due to the success of the programme innovation funding had been obtained to run a further three courses.

- In response to the success of the mental wellbeing programmes the practice identified additional cohorts of patients who they felt may benefit from courses, tailored by Active Plus to address specific needs. Funding was gained from the Department of Work and Pensions for the course to be delivered to patients who were finding it challenging to return to the work place following illness. Key outcomes included, improved mood, improved ability to communicate effectively and improved attitudes to face challenging situations. Carers were also identified as a cohort that may benefit and a course was run that was tailored to their needs.
- People's individual needs and preferences were central to the planning and delivery of tailored services. For example, a GP at the practice who had a special interest in drug and alcohol misuse recognised that a number of working patients wanted to reduce alcohol intake before it became a major problem but away from the perceived stigma of the drug and alcohol service. The GP worked with the substance misuse service to deliver one to one counselling appointments at the practice outside of work hours. We saw that the service had made a positive impact in achieving its objectives. Patients had fed back that it would be preferred if appointments could be held away from the practice premises, which the practice had listened to and were working to find an alternative location.
- The practice had recognised that 10 -15% of all triage calls to the practice were medicine related. In order to meet this need in a timely, efficient way the pharmacist employed by the practice, was incorporated into the practice triage service, where medicine related telephone calls were redirected to the pharmacist by the receptionists. This had improved efficiency for the patient and streamlined ways of working within the practice, whereby patients were able to access health care in a way that met their needs.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 3.30pm to 6.10pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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. Verbal and written complaints were recorded.
- We saw that information was available to help patients understand the complaints system on the practice website and in the practice leaflet. This included contact details of the public health service ombudsman.

We looked at ten complaints received in the last 12 months and found that these were handled in an appropriate manner and dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

care. For example, a patient complained that an ambulance that had been called by the GP did not arrive. The GP contacted the ambulance service to discuss the situation. Following discussion at a practice meeting the practice put systems into place to ensure that the likelihood of this reoccurring was reduced as far as possible. The practice policy was updated to state that patients should be contacted by the GP after an appropriate period of time to check the ambulance had arrived. Patients were also advised to contact the practice if the ambulance did not arrive.

Are services well-led?

Outstanding ☆

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

Our findings

The leadership and culture of the practice was used to drive improvements and deliver high quality person centred care. The practice undertook a systematic approach to work effectively as a whole practice team, involve the patients and the community and other organisations to deliver the best outcomes and deliver the care within the community wherever possible. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a clear vision to ensure the highest standard of family care and to offer patients continuously improving and appropriate access to health care professionals.
- The practice valued staff engagement and the involvement and integration of the local community.
- The practice had developed their mission statement with the whole team at an away day. The statement included, their commitment, to provide high quality care that was patient centred, to move forward and always try to improve and to support and value each team member.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, the practice had taken the decision to merge with two other local practices in order to ensure that they could continue to provide high quality care whilst meeting the changes required of general practice.
- The practice continually assessed skill mix within the practice, in order to address the changes required of general practice. For example, the decision taken to employ a practice pharmacist ensured safe coordinated management of practice prescribing in line with evidence and improved patient understanding and compliance with the medicines prescribed.
- Quality improvement projects were regularly undertaken by the practice to continually improve the services offered to patients. For example the mental wellbeing courses for patients and the community heart failure project.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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. We looked at a number of these policies. For example, recruitment, chaperoning and infection control and found them to be in date and regularly reviewed.

A comprehensive understanding of the performance of the practice was maintained. The practice had used local and national data as well as in house data to identify areas where improvements could be made for the benefit of patients. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment which had led to improved outcomes for patients:

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had invested in a package of templates which supported the delivery of high quality care in all consultations that were linked to national guidelines, evidence based resources and patient information leaflets and were regularly updated.
- There was evidence of integrated working with the wider area and sharing of best practice. Examples of this were, the community heart failure project, improved ways of working with nursing and care homes and the provision of care for the intermediate care beds within the city.
- The practice worked in partnership with the local drug and alcohol service and pharmacies to provide care and treatment to patients with substance misuse problems under a shared care agreement.
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were

Are services well-led?

Outstanding ☆

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

approachable and always took the time to listen to all members of staff. The practice culture promoted effective teamwork, where each team member was integral, in ensuring that high quality care was delivered to all of their patients.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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. The practice had an experienced, stable team. They recognised that staff retention was integral to delivering a high quality service and encouraged staff development in line with the needs of the individual, as well as the practice, and worked hard to ensure high staff satisfaction.

- Staff told us the practice held regular team meetings. We saw minutes of meetings attended by staff. For example, significant event and complaints analysis, clinical meetings, dispensary meetings, administration and multi-disciplinary team meetings Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, a receptionist suggested to the partners that the processes for dealing with repeat prescriptions needed updating to ensure consistency for patients. The partners listened and ensured, a best practice update for dealing with prescriptions, was shared with all staff.

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 patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following suggestions from the PPG, the practice purchased chairs that would be easier for patients with mobility issues to use and improved the signage within the building to assist patients.
- The practice had gathered feedback from staff through, away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the nurse discussed with the partners that as the schedule for baby immunisations had become more complex, appointment times needed to be longer to ensure safety for patients. The practice extended appointment times as a result. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples of these were:

- The practice was working with the local area on a Substance Misuse and Mental health project. The objectives of the project was for GP practices in the locality, to provide care closer to home and with wider stakeholders, to improve the lives of their patients and reduce the associated burden seen with this cohort of patients. Funding had been made available and a model of care agreed. The project is due to commence within the next few months.
- The practice was working with the clinical commissioning group and the local medical council in a programme to support practices which may need

Are services well-led?

Outstanding ☆

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

additional support. A programme leadership course had been developed for final year GP registrars who when qualified would be offered employment for one year to rotate through these practices. The objective of the programme is to provide, valuable workforce to these practices, allowing GP's within the practice, time to gain a better understanding of their service and implement the changes that are needed.