

# Woodbridge Practice

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



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

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodbridge Practice on 9 June 2015.

Overall the practice is rated as good.

Specifically we found the practice to be good for providing well-led, effective, caring and responsive services. It was also good for providing services for the six population groups. It required improvement for providing safe services.

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

- Where incidents had been identified relating to safety, staff had been made aware of the outcome and action taken where appropriate to keep patients and staff safe. However improvements need to be made as lessons learned from significant events were not

always communicated to all staff and there was limited information regarding actions plans, named staff responsible for implementation and dates for completion available.

- The practice had a number of policies and procedures to govern activity, but the majority of these were over five years old and had not been reviewed.
- Patients received care according to professional best practice clinical guidelines. The practice had regular information updates, which informed staff about new guidance to ensure they were up to date with best practice.
- Urgent appointments were available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The service was responsive and ensured patients received, individual care, whilst respecting their needs and wishes. They had worked hard to recruit staff to improve accessibility and continuity of care to the practice population.

# Summary of findings

- The service was well led and there were positive working relationships between staff and other healthcare professionals involved in the delivery of service.

However, there were also areas of practice where the provider needs to make improvements.

In addition the provider should:

- Ensure the infection control policy and audit procedure is improved
- Ensure all staff have appropriate policies, procedures and guidance to carry out their role.
- Ensure all staff have access to mandatory training, and regular appraisals and records of these are kept in good order.
- Ensure the recording and reviewing of significant events is improved.
- Ensure there are detailed records kept of all practice meetings held.
- Ensure there is a process in place to regularly review and observe the competency of staff undertaking procedures.
- Improve access to non-urgent appointments for patients.

**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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However we were told that lessons learned from significant events were not always communicated to all staff and there was limited information regarding actions plans, named staff responsible for implementation and dates for completion. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The infection control policy was not up to date and the infection control audit did not provide detail of when identified areas would be addressed. We saw that vaccines and medicines had been administered by a member of staff without patient specific directives in place and it was unclear if the member of staff had their competency regularly assessed.

We saw that the practice had good process in place for the maintenance of equipment. Staff were knowledgeable and aware of their responsibilities in raising any safeguarding concerns.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles. There was evidence of appraisals and personal development plans for staff. However we saw that some staff appraisals were overdue. Staff worked well with multidisciplinary teams.

**Good**



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect. They said they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We saw staff treated patients with kindness and respect, and maintained confidentiality.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team to secure improvements to services where these were identified. We spoke with 14 patients and 12 members of the patient participation group (PPG) and they said they found it easy to make a same day appointment. However we received feedback from patients that they experienced difficulties making non-urgent appointments with the named GP of their choice, some experiencing waits of between three to four weeks.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed the practice responded quickly to issues raised.

Good



## Are services well-led?

The practice is rated as good for being well-led. They had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and support available to staff. The practice had a number of policies and procedures to govern activity. The practice did not always record the minutes of meetings and who was responsible for any actions identified. The practice proactively sought feedback from staff and patients, which they acted on. The patient participation group (PPG) were actively involved in the practice. Staff had received inductions and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older patients. Nationally reported data showed outcomes for patients were good, for conditions commonly found in this age group. The practice offered proactive, personalised care to meet the needs of the older patients in their practice population. They had a range of enhanced services, for example, in dementia and end of life care. The practice also provided fortnightly visits to the local care homes to help prevent unscheduled admissions into hospital and improve care. The practice responded to the needs of older patients, offering home visits, reviews and rapid access appointments for those with enhanced needs. The practice had also identified 2 % of the practice population at risk of unplanned admission. They had developed care plans for this group and where the patients were house bound had visited them at home to discuss their care plans and future care.

Good



### People with long term conditions

The practice is rated as good for the care of patients with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. These patients had a named GP and a structured annual review to check their health and medication 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. Longer appointments were offered to patients who were identified as high risk of admission to improve their care and review care plans.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. We were told children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. Mothers and babies were given a twenty minute appointment and seen together for the six weekly post natal checks with the GP.

Good



# Summary of findings

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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of these patients had been identified. The practice had identified problems in accessing appointments and adjusted the services it offered to ensure they were accessible, flexible and offered continuity of care wherever possible. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. The practice website provided links to useful information and support agencies.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of patients whose circumstances may make them vulnerable. The practice held a register of patients living with a learning disability. Annual health checks for patients with a learning disability were offered. The practice worked with multi-disciplinary teams in the case management of vulnerable patients. Appropriate services were available for vulnerable patients. Staff knew how to recognise signs of abuse in vulnerable adults and children. They told us of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice has a recall system in place for mental health reviews and physical health checks for those patients on the mental health register. The practice also regularly reviewed the needs of dementia patients living in care homes.

Patients experiencing poor mental health could access support services within the practice as well as other voluntary organisations. There was a system in place to follow up patients who had attended accident and emergency (A&E), where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia. The practice web site provided further information and links to support groups and informative videos to provide further understanding and support to people.

Good



# Summary of findings

## What people who use the service say

As part of the inspection we provided CQC comment cards for patients who attended the practice to complete. We received responses from six patients and feedback was mixed. Three patients were positive about the practice and the staff, whom they found helpful and polite. We saw four comments about difficulties in accessing pre bookable appointments. These patients also commented about the attitude of some staff and being unhappy with seeing the nurse practitioner for an appointment. The practice employs nurse practitioners who have been trained to review and treat patients.

The friends and family test information and questionnaires' were available to patients in the waiting area. We did not see the results of the friends and family test.

We spoke with 14 patients, from different population groups. We also spoke with 12 members of the Patient Participation Group (PPG). They all told us the staff were helpful, respectful and supportive of their needs, and when they were seen by a GP they were happy with the treatment given. The members of the PPG were very supportive of the practice and patients and told us that improvements were being made. The patients we spoke with told us they were unhappy with the difficulties they experienced in getting an appointment with the GP for planned and emergency treatment. They commented that nurse appointments ran on time but that GP appointments were often 20 minutes late. They felt the clinical staff responded to their treatment needs and they were provided with a caring service.

We looked at the results of the national GP survey for 2014 where 334 surveys were sent to the practice's patients and 106 patients responded, a completion rate of 32%.

60.4% said the last GP they saw or spoke to was good at involving patients in decisions about their care compared to the local CCG average of 74.1% and national average 74.6%

88.4% of nurses were good at treating patients with care and concern. The local CCG average was 83.4% and national average 78.0%

93% of respondents said the last appointment they got was convenient. Local CCG average: 93% National average: 92%

41.6% of patients stating they were able to see their preferred GP. Local CCG average 56.5% and the national average of 53.5%

79.1% were able to get an appointment to see or speak to someone the last time they tried. Local CCG average 87% and the national average was 85.4%

63.4% of respondents would recommend this surgery to someone new to the area.

Local (CCG) average: 76% National average: 78%

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure the infection control policy and audit procedure is improved.
- Ensure all staff have appropriate policies, procedures and guidance to carry out their role.
- Ensure all staff have access to mandatory training, and regular appraisals and records of these are kept in good order.
- Ensure the recording and reviewing of significant events is improved.
- Ensure there are detailed records kept of all practice meetings held.
- Ensure there is a process in place to regularly review and observe the competency of staff undertaking procedures.
- Improve access to non-urgent appointments for patients.



# Woodbridge Practice

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Inspector. The team included a GP Specialist Advisor, a Practice Nurse Specialist Advisor and a second CQC inspector.

## Background to Woodbridge Practice

The Woodbridge practice is located in a purpose built building, at Trenchard Avenue Thornaby. There is also a branch surgery located at Barwick Medical Centre, Myton Road Avenue, Ingleby Barwick. The practice has another building opposite the branch surgery which is currently used by administration staff, for storage of clinical notes and for patients having blood tests, which are provided by a clinical agency for Woodbridge patients. We visited all the sites as part of the inspection.

The practice provides General Medical Services (GMS) under a contract with NHS England, to the practice population of 21656 patients. Our information shows fewer patients over the age of 80 in the practice population, which reflects the life expectancy within the area. The practice has a high proportion of children and patients aged between 40 and 49.

The practice has a mix of male and female staff. There are four GP Partners and three salaried GP's, five female and two male GPs. A new female GP partner joins the practice in August increasing the number of partners to five. They are supported by six nurse practitioners (all female) and a

practice nurse team which includes four registered nurses and two healthcare assistants (HCA) all female. There is an administration team with specific roles a business manager and an assistant practice manager.

At the beginning of the year the practice experienced the loss of four GPs. We were told that two GPs retired and two GPs emigrated. This had a profound effect upon the practice who had struggled to recruit GPs. This is reflected in the comments we received from patients who were unhappy with the access to emergency and pre bookable appointments. During this period the retired GPs were employed as locums.

The practice is open from 07.30 – 18.00, Monday to Friday at both surgeries. Extended hours are available at the Thornaby site on a Tuesday from 18.30 – 20.00. Nurse and HCA appointments are also available on a Tuesday evening at the Thornaby practice. The practice has opted out of providing out of hours services to their patients. The practice uses Northern Doctors Urgent Care Ltd, for its out of hours cover from 6.00pm to 08.00am each weekday, weekends and bank holidays.

A wide range of services are available at the practice and these include: family planning, minor surgery, vaccinations and immunisations, cervical smears, and chronic disease management such as asthma, chronic obstructive pulmonary disease (COPD), diabetes and heart disease.

## 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. This inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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.

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.

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

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

Before our inspection we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We asked the CCG, NHS England and the Local Health Watch to tell us what they knew about the practice and the service provided. We reviewed some policies and procedures and other information received from the practice prior to the inspection. The information reviewed highlighted concerns raised by patients with access to appointments.

We carried out an announced inspection on 9 June 2015. During our inspection we spoke with four GPs, two nurse practitioners, one HCA, the practice manager and assistant manager, and five administration staff. We also spoke with 14 patients who used the service and 12 members of the PPG.

We reviewed six CQC comments cards which had been completed where patients shared their views and experiences of the service. We observed the interaction between staff and patients in the waiting room.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Examples included reporting a broken lock on a door and malfunction of the fridge used to store medicines which resulted in loss of stock.

We reviewed incident records. The practice had limited information and minutes of meetings where these were discussed. Staff told us that they received notifications and emails to ensure they were kept informed. The practice managed these consistently over time.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. Significant events and complaints were reviewed at quarterly meetings and we saw a record of meetings up until April 2015. The GPs we spoke with told us they discussed these issues regularly. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at meetings and they felt encouraged to do so. There was some evidence the practice had learned from these events and the findings. However we saw that the significant event investigations did not always identify who was responsible for implementation of actions or who would review their effectiveness or when.

Staff were able to describe and show the process for raising concerns and reporting incidents. We looked at incident records and saw they were completed in a comprehensive and timely manner. We saw evidence of action taken as a result of unauthorised signing of prescriptions. Staff were aware of these actions and changes made in the policy for signing prescriptions. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

National patient safety alerts were disseminated by a variety of methods to practice staff, these included meetings, on-line tasks, emails, or by face to face contact. Staff we spoke with were able to give examples of recent alerts relevant to the care they were responsible for. They also told us alerts were discussed at clinical meetings to ensure staff were aware of any which were relevant to their practice and where they needed to take action.

### Reliable safety systems and processes including safeguarding

There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role, however this was not always documented. The practice prior to the loss of the four GPs had held regular safeguarding meetings, which they told us they planned to recommence in the near future.

There was a chaperone policy, which was visible in the waiting room and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants HCAs, had been trained to be a chaperone. We were told that chaperoning was not undertaken by administrative staff. However we saw that one member of staff involved in this process had not undergone Disclosure and Barring (DBS) checks. These 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 addressed this immediately following the inspection.

### Medicines management

We checked medicines stored in the practice and medicine refrigerators and found the majority were stored securely and were only accessible to authorised staff. However we saw that the fridges used for storing of medicines were not locked and there were no fridge locks evident. The rooms where the fridges were stored were locked. There was a clear policy for ensuring that medicines were kept at the required temperatures, this also described the action to

# Are services safe?

take in the event of a potential failure. The practice staff followed the policy. However the medicines fridge in the branch surgery was not hard wired and there were no signs alerting staff to the risk of accidentally turning off the switch. Records showed room temperature and fridge temperature checks were carried out.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses and the GPs administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of these and evidence that nurses had received appropriate training to administer vaccines. We saw that the HCA undertook the administration of medicines and flu vaccines. The practice were not using patient specific directions (PSDs). We spoke with the business manager and assistant manager who produced a policy for PSDs during the inspection. We were told that patient records would also be reviewed to indicate when the HCA would be asked to undertake these procedures. The HCA we spoke with told us they received regular support, supervision and training. It was unclear if the HCA had had their competency assessed for administering flu vaccines or medicines.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

We saw evidence that prescribing trends were monitored and reviewed within the practice. Examples of these were antibacterial prescribing which had been high in the practice and was now reducing in line with national guidance.

A system was in place for managing national alerts about medicines. Records showed the alerts were distributed to staff, who implemented the required actions as necessary to protect people from harm.

## Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. However the infection control lead had only been appointed the week before the inspection and had not had an opportunity to review the infection control process and undertake or review previous audits. The infection control policy was not up to date.

We saw that the nursing staff had received an infection control update in April 2015. It was unclear if all staff received infection control training or induction specific to their role or annual updates. The business manager told us they were developing a training matrix which would include these areas for all staff.

We saw evidence that infection control audits had been carried out in the practice previously. However the action plan was not detailed and there were no time scales or named staff identified as leading any implementation. We saw that some areas had been addressed, for example disposable privacy screens in the consulting and treatment rooms. However we saw that some hand washing facilities in the clinical areas of the branch surgery had plugs in them, national guidance says hand wash sinks should not have plugs. We saw that disposal bins in the consulting rooms were not foot operated. The seating in the treatment and consulting areas of the branch surgery were made of fabric that could not be wiped clean. We also saw carpet in some consulting rooms. The carpets and chairs were clean and staff were aware of what action to take if cleaning was required, however we did not see a schedule for regular cleaning or a process for addressing stains.

We saw personal protective equipment including disposable gloves, and aprons were available for staff to use. Staff were able to describe how they would use these to maintain infection control within the practice. Staff described how to safely handle specimens handed into reception. There was a policy which detailed how to deal with a needle stick injury and staff knew the procedure to follow in the event of an injury. Notices about hand hygiene techniques were displayed. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

# Are services safe?

The practice had a policy for the management, testing and investigation of legionella (this is a term for particular bacteria which can contaminate water systems in buildings). We saw records which confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

## Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. A schedule of testing for equipment was in place. Equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. We saw evidence of calibration of relevant equipment; for example weighing scales. There was a nominated member of staff with responsibility for maintenance of equipment. The practice had a process for checking equipment daily.

## Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). However we saw that one of the clinical staff who had been employed for several years had not undergone this process. Arrangements to rectify this were put in place immediately on the day of the inspection. The practice had arrangements in place to assure them the clinical staffs' professional registrations were up to date with the relevant professional bodies and the required staff had medical indemnity insurance in place. However we saw that some staff files did not confirm checks were in place. An example of this was the lack of detailed information in the locum GP files. The practice were able to provide evidence of medical indemnity cover during the inspection. The assistant practice manager told us that they were reviewing all staff files to ensure they contained the correct information. The practice had a recruitment policy which had been reviewed in June 2015. The policy set out the standards followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to

meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There was an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff we spoke with commented that the practice required more GPs. We spoke with administration staff who told us they often felt there was not sufficient administration staff, particularly at holiday times and during sickness. We were told that there was a back log with some work. An example of this was the scanning of routine letters. We saw this had also been highlighted as an issue in the SEA meeting June 2014 by one of the GPs and remained an issue at the time of the inspection with a wait of up to four weeks. We were told that all discharge letters were reviewed by the GPs when they were received and actions implemented for example changes in medication.

The practice had rotated staff from other areas of the practice. This provided staff with the opportunity to understand and gain experience the different administration roles and provide cover during maternity leave.

## Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. The assistant practice manager conducted a weekly walk around to check the safety of the environment. However they did not record this or the actions they implemented as part of this process.

We were told that any risks were discussed and staff were notified of issues or concerns outside of the practice meetings by email. Staff were able to identify and respond to the changing risks to patients including deteriorating health and well-being or medical emergencies.

## Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Staff told us they had received training in basic life support. However staff files did not always contain records of the training, staff told us they had completed this

## Are services safe?

training. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. We saw that the GPs did not carry any medicines in their bag during home visits. We were told that no risk assessment had been undertaken to identify why these were not seen as necessary.

The practice were in the process of reviewing and developing their business continuity plan to deal with a

range of emergencies that may impact on the daily operation of the practice. We looked at the policy they were developing which included the identification of risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building.

The practice had carried out a fire risk assessment. This included actions required to maintain fire safety. As the main practice was situated on the first and second floor and we saw that evacuation chairs were also in place to use in an emergency. We did not see evidence that all staff had completed their annual fire training but staff told us they had undergone training. We saw that the frequency of fire drills at the branch practice had not been regular. The practice had identified this as an area of risk and told us they had plans to address this. There were regular fire and evacuation drills in the main practice.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from NICE and from local commissioners. We saw evidence that where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure each patient received support to achieve the best health outcomes for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

We saw evidence that GPs and nurses had processes in place to continually update their knowledge and skills. Examples of these were attending the Clinical Commissioning Group (CCG) education sessions and attending external courses. The GPs told us they led in

specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support. The GPs and nurse practitioners told us they meet at a set time each day to discuss any concerns relating to patients and seek advice from other clinicians.

A nominated GP attended regular meetings with the Clinical Commissioning Group (CCG) on behalf of the practice. The practice undertook an internal peer review of referrals and also bench marked themselves with other practices in the CCG. We saw that care plans had been developed for patients with complex needs. These were reviewed when required. National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. The practice used a referral system to refer patients into secondary care and systems were in place to continually monitor their referrals. Processes were in place for patients with suspected cancers who were referred to secondary care and were seen within two weeks.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, managing adult and child protection alerts and medicines management. The information staff collected was then collated by the business manager and assistant practice manager to support the practice to carry out clinical audits.

The GPs told us clinical audits were often linked to NICE guidance and medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). For example, we saw an audit regarding the prescribing of different oral antibiotics over the last two years. The practice reviewed individual as well as practice prescribing. Following the audit, the GPs and nurse practitioners reviewed their prescribing trends. We could see that the most recent data showed some improvement was being made in reducing the prescribing of antibiotics.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, 79.68 % of patients with diabetes had their blood pressure checked in the preceding 12 months compared to the national average of 78.5%. The practice met all the minimum standards for QOF in diabetes, asthma and chronic obstructive pulmonary disease (lung disease). This practice was not an outlier for any QOF (or other national) clinical targets.

The team was making use of clinical audit tools and clinical supervision to assess the performance of clinical staff. Examples of clinical audits were gout, antibiotic prescribing and atrial fibrillation. We were told that practice meetings were still taking place, however there were no recent minutes of meetings with the exception of the regular nurse

# Are services effective?

## (for example, treatment is effective)

meetings. The clinical staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. They spoke positively about the culture in the practice around audit and quality improvement

There was a protocol for repeat prescribing which was in line with national guidance. Staff regularly checked patients receiving repeat prescriptions had been reviewed by the GP. They also ensured all routine health checks were completed for long-term conditions such as diabetes, and that the latest prescribing guidance was being used. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed the GPs, with the support from the pharmacist, had oversight and a good understanding of best treatment for each patient's needs.

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register. We were told there were regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. The clinical staff explained they recorded information directly into the patient's records and did not keep minutes of the meetings.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records. We saw that staff had received training but it was unclear from the training records if all staff were up to date with attending mandatory courses such as fire and annual basic life support. However staff told us they had received this training. We noted a good skill mix among the doctors, all had additional diplomas in areas of particular interests. These included reproductive medicine, diplomas in children's health and obstetrics. All GPs were up to date with their annual continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Staff undertook annual appraisals and these identified learning needs from which action plans were documented. However we saw that other than the nurses all appraisals were overdue. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses.

Practice nurses were expected to perform defined duties and were able to demonstrate they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles such as management of diabetes and respiratory diseases were also able to demonstrate they had appropriate training to fulfil these roles. We saw evidence that the nurses had regular meetings and clinical supervision.

We saw that where poor performance of staff had been identified appropriate action had been taken to manage this. These actions included regular performance reviews and where necessary further training was provided to ensure the safety of the practice's patients

### Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. They received blood test results, X ray results, and letters from the local hospitals including discharge summaries, out-of-hours GP services and the 111 service reports both electronically and by post. The practice staff were aware of their responsibilities in passing on, reading and acting on any issues arising from communications with other care providers, on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up appropriately. However we were told that there was a current back log of four weeks in the scanning of routing letters.

The practice was commissioned for enhanced services. An example of this was the practice and had a process in place to follow up patients discharged from hospital and to prevent unnecessary re admission to hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).



# Are services effective?

## (for example, treatment is effective)

We were told by staff that the practice held regular multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended, when appropriate, by district nurses, and palliative care nurses so decisions about care planning were agreed and documented in shared care records. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. The practice had a process in place for making referrals and monitoring this process.

The practice has signed up to the electronic Summary Care Record and planned to have this fully operational by 2015. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospitals, to be saved in the system for future reference.

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it). When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated

a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures consent form or patients consent was documented in the electronic patient notes, with a record of the relevant risks, benefits and complications of the procedure.

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

### Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. The clinicians used their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic smoking cessation advice to smokers.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that patients in this age group took up the offer of the health check. The ratio of expected reported prevalence of Coronary Heart Disease (CHD) is 0.92% within the practice compared to the national average of 0.72%.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were offered an annual physical health check. Similar mechanisms of identifying 'at risk' groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs.

The practice's performance for cervical smear uptake was 80.67%, compared to the national average of 81%. There was a policy to offer reminders for patients who did not attend for cervical smears and the practice audited patients who do not attend. The practice were also proactive in offering opportunistic screening.

The practice offered a full range of immunisations including children, travel vaccines and flu vaccinations, in line with

## Are services effective?

(for example, treatment is effective)

current national guidance. Last year's performance for all l  
immunisations was above or similar to the national  
average. There was a clear policy for following up  
non-attenders by a named practice nurse.

# Are services caring?

## Our findings

### Responding to and meeting people's needs

The NHS England Area Team and Clinical Commissioning Group (CCG) told us the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. Records showed service improvements were discussed and actions agreed to implement service improvements and manage delivery challenges to its population. For example, the unplanned admissions avoidance scheme and fortnightly ward rounds into the local care homes.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patients and the PPG. For example, we saw that following the satisfaction survey the practice produced an action plan. Patients had expressed their dissatisfaction regarding difficulties accessing appointments. The practice had audited the number of calls to establish 'pressure points' which would identify busy times during the day. The staff rota had been amended to ensure more staff were available to answer the phones during busy periods. The number of phone lines to each practice had also been increased. The practice had increased the number nurse practitioners up to six to support GPs and improve access to appointments. The practice also promoted access to on line appointment booking. However we saw that the practice continued to receive dissatisfaction regarding access to appointments and the attitude of some staff when answering the telephone.

The practice had experienced a considerable loss of four GPs during December 2014 and January 2015 which effected access to appointments. The practice had developed posters which recommended to patients who they should see in the practice for certain conditions and explain that it was not always necessary to see a GP. However these posters were not being promoted in the practice at the time of the inspection but were available on the practice website. This initiative would help to promote the role of the nurse practitioner.

The practice also displayed the number of missed appointments each month which also affected patient's

access to appointments. In May 2015, 355 appointments were missed due to non-attendance by patients. We were informed the practice had a process in place to address to issue of non attendance.

There were posters displayed in patient areas to advertise on line services such as booking appointments and ordering repeat prescriptions. The practice had provided additional telephone lines for both surgeries following the review of the national GP patient survey results. The practice had four lines going into each practice which we were told were manned by staff. On the morning four telephone lines were manned and in the afternoon three lines.

From our discussions with the PPG, the business and assistant practice manager we saw that the practice valued the responses from patients. We saw that the practice worked well with the PPG to ensure they were aware of the views of patients and their recommendations. Following discussions with the PPG the practice had also improved the waiting area environment and were also looking to raise some of the seating for older people or those with difficulties using low chairs.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. They recognised those with a learning disability, students, carers and the older population. The practice had access to translation services and all staff were aware of how to access this.

The practice provided equality and diversity training for staff. The staff we spoke with were very aware of the importance of equality and diversity.

The premises and services had been adapted to meet the needs of patients with disabilities. The main practice was situated on the first floor of the building. There was lift access to the first floor. We saw the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice, including baby changing facilities. The branch surgery was also fully accessible to patients with disabilities.

### Access to the service

The practice was open from 07.30 –18.00 on weekdays at both surgeries. The practice offered an extended hours at

## Are services caring?

the Thornaby site on a Tuesday from 18.30 – 20.00 and at both sites from 07.30. Patients could access appointments at the main surgery or branch surgery. Patients could also pre book appointments with the GP, nurse or HCA. However patients we spoke with told us that they found it difficult to pre book appointment's with the GPs. On the day of the inspection the current wait for pre bookable appointments with the GP was between three to four weeks.

Comprehensive information was available to patients about appointments on the practice website and in the practice information leaflet. This included how to arrange urgent appointments and home visits and how to book appointments via the website. We saw that some patients were unhappy to see a nurse practitioner. There were arrangements to ensure patients received urgent medical assistance when the practice was closed. Information on the out-of-hours service was provided to patients.

### **Listening and learning from concerns and complaints**

The practice had a 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. However the policy needed to be updated to reflect changes in the local health organisations. There was a designated responsible person who handled all complaints in the practice.

We saw information was available to help patients understand the complaints system; this was on the website and available to patients on request in the practice. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at complaints received in the last 12 months there were a total of 36 complaints 20 of which were written complaints. We found these were satisfactorily handled and were dealt with in a timely way. We found evidence of actions taken to prevent recurrence and improve service delivery. The available records of complaints investigations did not always state who was responsible for actions and when the actions implemented would be reviewed regarding their effectiveness. Positive feedback from patients was also shared and celebrated among the staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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(for example, to feedback?)

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# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values were part of the practice's Business and development plan 2014 to 2016. The plan reviewed progress and achievement in improving health outcomes for patients and improving the performance and sustainability of the practice over the next three years. The practice mission statement, promoted innovation and excellence in healthcare. All of the staff we spoke with were aware of the mission statement and the practice vision. The vision and values included being patient centred, respecting patients and providing high standards of care.

We spoke with 14 members of staff and they all knew and understood the purpose of the practice, and knew what their responsibilities were. The staff commented that the practice was moving forward with improvements following the many changes in staffing at senior and clinical levels. The doctors, nurses and other staff were dedicated to offering a professional service and helping to keep patients up to date with news and information about the practice. The practice had started a quarterly patient newsletter produced by the Patient Participation Group (PPG) and supported by staff.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop of any computer within the practice. We looked at 12 of these policies and procedures. We saw that some of these policies had recently been updated. However the majority required updating with a review date and the author to be included.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead GP and nurse for infection control, and another GP was the lead for safeguarding. All staff were clear about their own roles and responsibilities. We saw evidence of staff development. Without exception staff we spoke with told us they felt supported and all staff knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this

practice showed it was performing in line with national standards. We were told that QOF data and performance was regularly discussed at team meetings and actions identified. We found that recently the practice had not produced minutes of the meetings held or the details of actions identified. Staff told us there were regular meetings held and plans were discussed to move forward with developments. However we were also told that during all the changes in staff personnel some regular meetings had not occurred. We saw that the practice had a plan to review and update the schedule and recording of meetings. We saw that the QOF performance and improvement actions were detailed in the business and development plan. An example was the practice set a practice target of 5% above national target, for Chronic Obstruction Airways Disease (COPD) being confirmed by spirometry. We were told that QOF performance was reviewed monthly in the practice.

The practice had an ongoing programme of clinical audits and systems to identify where action should be taken. For example, we looked at two audits in detail and saw that audit cycles had been completed and actions identified. We saw that following audit, the information was shared with clinicians and actions were developed which resulted in improvements in patient care and prescribing.

The staff told us that regular practice meetings, complaints and significant event meetings were held. However we saw that during the last nine months there were no minutes of the complaints and significant event meetings available.

### Leadership, openness and transparency

The practice had limited minutes available of meetings held. We saw minutes from the previous complaints, and significant events meetings and the nurses meetings were still being recorded. The staff we spoke with told us that practice meetings were still being held however there were no minutes available on the day of inspection. In the minutes of meeting that were available we saw that actions and who was responsible for implementing the actions were not always documented. An example of these were the minutes from the nurse meetings. The staff had access to the minutes of the meetings and in-between these times received email notifications of important information and practice changes. Staff told us there was an open culture within the practice and they had the opportunity and were

# Are services well-led?

Good 

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

happy to raise issues with senior staff and at team meetings. There were nominated department leads that were the first line of contact for staff to raise any issues and concerns with.

The business manager and assistant manager were both responsible for human resource policies and procedures. We saw that the recruitment and training policies had recently been updated and reviewed. Many of the policies we reviewed were out dated by more than five years. The practice were introducing a process to review all practice policies to ensure staff had access to up to date information.

The practice had appointed a new business development manager who with the GPs and assistant practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were being used and were effective. For example there were processes in place to frequently review patient satisfaction and that action had been taken, when appropriate, in response to feedback from patients or staff.

We saw evidence that they used data from various sources, including incidents, complaints and audits to identify areas where improvements could be made. The practice regularly submitted governance and performance data to the CCG. The practice were aware of the concerns raised by patients and were trying to address and improve the service.

## **Practice seeks and acts on feedback from its patients, the public and staff**

The practice had gathered feedback from patients through the (PPG), surveys and complaints received.

The practice had an established PPG which met quarterly. There was information on the practice website and in the waiting room encouraging patients to become involved in the PPG. The PPG had changed from being a virtual group to meeting every quarter. We spoke with twelve members of the PPG and they were very positive about the role they played and told us they felt engaged with the practice. The PPG members were complimentary about the practice and their commitment to improve services for patients. We saw changes had been made following feedback from the PPG, for example the group had raised the issue of the need to improve communication and also the lack of understanding by patients of the roles of different staff and who they should make appointments with. The PPG had

also received a presentation from the nurse practitioner about the different roles of clinicians and who patients should see. The practice had also produced a poster explaining the different role to staff and advising them who they should book appointments with. The practice planned to display this information to patients.

We saw the analysis of the last practice patient survey, which was considered in conjunction with the PPG. We also saw evidence that the practice had reviewed its' results from the national GP survey to see if there were any areas that needed addressing. The practice was actively encouraging patients to be involved in shaping the service delivered at the practice.

There was a suggestion box in the reception area in the surgery and patients could also provide feedback through the practice website. We found that the practice was very open to feedback from patients. Over the past six months we saw that the practice had received a large number of comments from patients relating to access to appointment's and staff attitude. We saw that the practice had addressed this with training for staff in answering the telephone, increasing the number of phone lines and employing more GPs and nurse practitioners.

The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice team had developed a monthly award scheme for staff who were outstanding in contributing to the practice. We were told that the first award had been made. However the staff were not aware of this initiative or who had received the first award.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical and professional development through training and mentoring. We looked at staff files and saw that appraisals were taking place regularly for all nurses and the majority of staff up until April 2015. However two



# Are services well-led?

Good 

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

members of staff told us they had not had an appraisal in the last four years. The members of staff both commented that they felt supported and listened to by the management team.

The practice offered teaching and placement for medical students who visited the practice on a Wednesday. There were no students available to speak with during the inspection.

The practice had completed reviews of twelve significant events. We saw some evidence that these were discussed at the complaints and significant events meetings and staff confirmed this. We saw some examples that following SEAs the practice had introduced actions to prevent a recurrence. An example of this was improving the communication of patient's test results with other professionals, for example district nurses, and midwife's ensuring confirmation of receipt by the professional involved.