

Long Lane Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Long Lane Medical Centre on 21 April 2016. Overall the practice is rated as good.

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

- The practice had good facilities including disabled access, translation services and a hearing loop. The practice was tidy but some flooring and cleaning equipment needed replacing. Recommended guidance needed to be followed to ensure the standard of cleanliness in the building was maintained.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service; including having a patient participation group (PPG) and acted, where possible, on feedback.
- Many of the staff had worked at the practice for a long time and knew the patients well. Staff worked well together as a team and all felt supported to carry out their roles.

There was an example of outstanding practice:

- The practice dedicated one session a week for one of the GP partners to work on quality improvement. Part of this role involved resourcing new information and guidance and cascading this information to weekly clinical meetings for discussion with all clinicians. In addition, the GP produced a simplified version of the guidance. This outlined the key points for ease of reference and to promote a unified approach to following the guidance.

However, the areas where the provider should make improvements are.

Summary of findings

- Replace vinyl flooring and cleaning equipment (where necessary) and also follow relevant guidance to help improve the standard of cleanliness of the building.
- Have a monitoring system in place for any blank prescriptions still in stock.
- For clinicians to improve their understanding of current legislation in relation to reporting deaths to the coroner for patients subject to deprivation of liberty safeguards (DoLS).

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding. However, more could be done to ensure standards of cleanliness by following recommended guidance.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice dedicated time to improve quality. The practice proactively sought feedback from staff and patients and had an active patient participation group. Staff had received inductions and attended staff meetings and events. All staff received regular appraisals and were encouraged in their career progression.

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 providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

Good



People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. 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.

Good



Working age people (including those recently retired and students)

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments and extended hours from 6.30pm to 8.30pm were available every Thursday evening.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with local mental health teams.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 (from 104 responses which is approximately equivalent to 1% of the patient list) showed the practice was performing above local and national averages in certain aspects of service delivery. For example,

- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

However, some results showed below average performance, for example,

- 56% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 38% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

In terms of overall experience, results were comparable with local and national averages. For example,

- 85% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards, 21 of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. One comment was about being unhappy with reception staff.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from January to March 2016 showed that 21 patients expressed a view; 19 patients were either extremely likely or likely to recommend the practice and two responses said they were unlikely to recommend.

Long Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

by a CQC Lead Inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Long Lane Medical Centre

Long Lane Medical Centre is based in a deprived area of Liverpool. There were 7998 patients on the practice register at the time of our inspection.

The practice is a training practice managed by seven partners (six GPs-four male, two female and a female nurse clinician). The practice has a regular locum and a trainee GP. There is a health care practitioner and two practice nurses. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8.30am to 6.30pm every weekday. The practice offers extended opening hours every Thursday evening between 6.30pm to 8.30pm.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 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

Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group.
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 21 April 2016.
- Spoke to staff, five patients and three representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. 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). When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an 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. Significant events were discussed at staff meetings to identify any trends to drive improvement.

The practice had systems in place to cascade information from safety alerts which were discussed in staff meetings.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to child protection or child safeguarding level 3. Health visitors were invited to attend clinical meetings every two months to discuss any concerns.
- 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)
- We observed the premises to be tidy. However, some of the flooring needed to be replaced to improve standards in cleanliness. The practice was aware of the shortfalls in standards regarding the premises and was in the process of exploring the options available to

move to new premises. The practice was not following recommended guidance with regards to cleaning equipment, but the practice manager assured us this would be addressed.

- One of the practice nurses was the infection control clinical lead. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken and action plans were in place to address any shortfalls. There were spillage kits and appropriate clinical waste disposal arrangements in place.
- 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Blank prescription forms used for printers were securely stored and there were systems in place to monitor their use. However, it was unclear whether all prescription pads used for home visits were securely stored as we were told some were kept in GP rooms and in addition there was no log of what blank prescriptions were available on the premises. We were told by the practice that these were no longer used. However, without a log of serial numbers, there was a risk that the practice may not be aware of any misuse of blank prescriptions.
- We reviewed 12 personnel files and found appropriate recruitment checks had been undertaken prior to employment for more recently employed staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, files for staff who had been employed many years did not contain any reference information. Improvements could be made in the monitoring of recruitment checks as it took quite some time on the day of inspection to ascertain that all clinicians had received a DBS check.

Monitoring risks to patients

Are services safe?

- 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 area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire safety equipment tests and fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction and refresher training.
- 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 (COSHH) 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 that 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.

- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult masks but no children's masks. There was an accident book and first aid kit available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 people's needs. The practice also had access to local guidelines such as 'the map of medicine'.

Any updates in NICE guidance were discussed at weekly clinical meetings. In addition, one GP produced a simplified version of some of the new guidance, outlining the key points for ease of reference and to promote a unified approach.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had systems in place to ensure they met targets and the most recent published results were 93% of the total number of points available. The practice also worked towards meeting local key performance targets.

The practice was aware of their high antibiotic prescribing rates. Evidence reviewed demonstrated the practice had worked with the local medicine management team, carried out audits and monitored all GP performance and consequently had made significant improvements to the satisfaction of the local medicine management team.

One of the GPs had developed a system to improve how patients with long term conditions were recalled for their reviews. This had led to improvements. For example, the

practice performance with regards to management of chronic obstructive pulmonary disease (COPD) and flu vaccinations for diabetic patients was lower compared with national averages for 2014-2015. However, we reviewed the latest data from 2015-2016 and results showed improvements had been made.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits, minor surgery audits and clinical audits. The practice had recently begun a cycle of audits looking at ways to improve end of life care.

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. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- 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. Training included: safeguarding, fire procedures, equality and diversity and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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

Are services effective?

(for example, treatment is effective)

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice liaised with local mental health teams.

Consent to care and treatment

Patients' consent to care and treatment was sought 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. However, the GPs were not aware of the guidance regarding reporting deaths to the coroner if patients had been subject to the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS). GPs were aware of the relevant guidance when providing care and treatment for children and young people.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. There were a variety of services which attended the practice such as a health trainer, Citizens Advice, drug counsellors and smoking cessation advisors that patients could be referred to.

The practice nurses had only just taken over the responsibility of child vaccinations from visiting local immunisation teams and were working extra sessions to deal with a backlog due to the changeover.

The practice encouraged patients to attend screening appointments. The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 91% compared to a national average of 82%.

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.

Results from the national GP patient survey published in January 2016 (from 104 responses which is approximately equivalent to 1% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 90%, national average 87%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 88% said they found the receptionists at the practice helpful (CCG average 88%, national average 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. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)

Staff told us that telephone translation services were available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Information was available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was hearing loop available and easy read formatted information.

Access to the service

The practice is open 8.30am to 6.30pm every weekday. The practice offers extended opening hours every Thursday evening between 6.30pm to 8.30pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

Results from the national GP patient survey published in January 2016 (from 104 responses which is approximately equivalent to 1% of the patient list) showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 80% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 75%.
- 86% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).

However,

- 56% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 38% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

The practice was aware of survey information and as a result of the low scores for telephone access, had recently increased the number of staff available to take calls. Appointment allocation times had also been extended from 10 to 15 minutes long. The practice was planning to evaluate whether the actions taken had addressed patients concerns.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

The practice received very few formal complaints but when they did, they were discussed at staff meetings. We reviewed a log of previous complaints and found written complaints were recorded and written responses included apologies to the patient and an explanation of events.

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 described their overall aim as to provide a high quality service to its patients and temporary residents without discrimination.

The GP partners met on a weekly basis to discuss business plans. For example, the practice had identified the need for new premises and was exploring the possibility of moving to new premises.

Governance arrangements

Evidence reviewed demonstrated that the practice had:

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- An overarching clinical governance policy and practice specific policies that all staff could access on the computer system.
- Invested in quality improvement. The practice dedicated one session a week for one of the GP partners to work on quality improvement. This involved resourcing new information and guidance and cascading this information to weekly clinical meetings for discussion. In addition, the GP produced a simplified version of the guidance, outlining the key points for ease of reference and to promote a unified approach. The GP monitored GPs performance and sent email reminders to staff when any shortfalls were identified.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: weekly clinical meetings when all clinicians attended including the locum GP. Other meetings included: palliative care meetings with other healthcare professionals, safeguarding meetings and monthly administration team meetings.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement in patients' welfare. For example, medication audits, minor surgery audits and clinical audits.

- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The provider was aware of and had a policy and 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). 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 proactively 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.

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 when possible.

- There was an established PPG and the practice had acted on feedback. For example, the production of a newsletter.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice but had received very little feedback.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Good 

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

The practice team took an active role in locality meetings. For example, the nurse clinician had a lead role with CCG. Clinicians kept up to date by attending various courses and events. The practice encouraged staff to progress in their careers.

The practice was aware of the limitations of the premises and was currently exploring options for new premises.