The Ferns Medical Practice

Quality Report

Farnham Centre for Health
Hale Road, Farnham, Surrey, GU9 9QS
Tel: 01252 723122
Website: www.fernsmedical.co.uk

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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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This was a comprehensive inspection of the Ferns Medical Practice and was carried out on 15 October 2014.

Overall, we found the practice provided a good service. We found outstanding practice in the way the practice responded to the needs of patients with long term conditions, families, children and young people and people whose circumstances may make them vulnerable, providing them with effective care and treatment. We found good practice in the way the practice responded to the needs of older people, working age people (including those recently retired and students) and people experiencing poor mental health (including people with dementia).

Our key findings were as follows:

- Patients expressed positive views concerning the level of respect shown to them by all staff members and stated they felt fully involved in their treatment.
- There were effective infection control procedures in place and the premises appeared clean and well maintained.
- The practice assists with the training of qualified doctors gaining experience of working in General Practice and of medical students, who are attached to the practice for a period during the final year of their course.
- The practice provided GP appointments at times that met the needs of their patients.
- The practice demonstrated effective communication processes throughout all areas.
- The practice held weekly clinical meetings each Monday where they were able to discuss the complex needs of patients with other health professionals such as district nurses and social workers.
- The practice had a green flag alert system in place to highlight to GPs those patients that held caring responsibilities. This system had proved invaluable

Summary of findings

should a carer have to go into hospital themselves for treatment and ensured the GP was aware that patient had caring responsibilities so could take responsive action as required.
- The practice had an additional quiet waiting area separate to the main waiting area which proved invaluable for people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia).

We saw several areas of outstanding practice including:

- A nurse had undertaken specialist training to support patients with cancer care needs.
- The practice ran two contraception clinics, one of which was a walk in arrangement the other was booked in advance.
- The practice had a specific GP who specialised in drug and alcohol services who ran a weekly specialised substance misuse clinic for vulnerable patients.
- The practice had long associated links with the local University and provided a health care team on student registration days. The health care team had identified and vaccinated students who had not had their Meningitis C immunisation before starting university.

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

The provider should:

- Ensure they have an effective system to manage correspondence about patients from external providers such as the Out of Hours provider.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for safe. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff demonstrated a good understanding around safeguarding children and vulnerable adults and spoke knowledgably about reporting concerns or incidents, both within the practice and to external regulatory bodies.

Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

The practice had appropriate arrangements in place to manage medicines which were kept safely and stored securely.

Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for effective. Our findings at inspection showed systems were in place to ensure that all clinicians were not only up-to-date with both the National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines but we also saw evidence that confirmed that these guidelines were influencing and improving practice and outcomes for their patients.

Patient's needs were assessed and care was planned and delivered in line with current legislation. The practice used innovative and proactive methods to improve patient outcome. This included assessment of capacity and the promotion of good health. The practice had supported their lead nurse to undertake specialist training to support patients with cancer care needs. Staff had received training appropriate to their roles and further training needs have been identified and planned. All Staff had appraisals and personal development plans. Multidisciplinary working was evidenced.

The practice had long associated, effective links with the local University and provided proactive healthcare on student registration days.

Summary of findings

Are services caring?

Good 

The practice is rated as good for caring. Data showed patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. There was a patient centred culture and found strong evidence that staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient choices and preferences were valued and acted on. Views of external stakeholders were positive and aligned with our findings.

The practice had taken an active role in supporting their patients who were carers. Staff had received specific carers training which had been provided by the local authority and the practice provided staff to attend and take part in the running of the carers hospital stand during 'carers week'. GPs in the practice refer relevant carers for respite allowance. The practice had a green flag alert system in place to highlight to GPs those patients that held caring responsibilities. This system had proved invaluable should a carer have to go into hospital themselves for treatment and ensured the GP was aware that patient had caring responsibilities so could take responsive action as required.

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for responsive. The practice reviewed the needs of their local population and engaged with the NHS England Local Area Team and clinical commissioning group to secure service improvements where these had been identified.

Patients reported good access to the practice and a named GP or GP of choice, with continuity of care and urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders. We saw reception staff were responsive to patients who came into the practice without appointments.

The practice had a specific GP who specialised in drug and alcohol services who ran a weekly specialised substance misuse clinic for vulnerable patients.

Are services well-led?

Good 

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver this. Staff were clear about the vision

Summary of findings

and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and regular governance meeting had taken place. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in dementia and end of life care. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs and home visits.

Patients aged 75 years and over had a named GP and written confirmation of their GP was sent to them. The practice had a range of appointment times available including telephone appointments to ensure older patients could contact their GP easily. Home visits could be booked up to a month in advance. The practice had well developed links with the community nurses who were based in the same building.

The practice had a system in place to ensure patients with unplanned admissions to hospital register had care plans in place and were identified to practice staff.

People with long term conditions

Good

The practice is rated as good for the population group of people with long term conditions. Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health. When needed longer appointments and home visits were available. All these patients had a named GP and structured annual reviews to check their health and medication needs were being met. For those people with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

In order to improve the care of patients living with a cancer diagnosis, the practice had supported the lead practice nurse to attend a Macmillan Cancer Care Support course on the management of cancer. The lead practice nurse provided support for patients living long term with cancer, and acted as a sign poster to other related services.

Summary of findings

GPs within the practice each took a lead on particular long term conditions such as diabetes, asthma, hypertension, stroke and drug monitoring. Nurses at the practice also undertook specialist training such as, smoking cessation, cancer care, hypertension, diabetes and family planning.

Staff undertook specific carer training; carer information packs were available in the reception waiting area with registration cards for identifying those patients who had caring responsibilities. The practice had a system to identify patients who were carers or who were being cared for to ensure they would be recognised as requiring extra support or needing additional support to access appointments.

The practice had good links with the local authority Care Support Worker and the local hospice.

The practice had a system in place to ensure patients with long term conditions were regularly reviewed and their conditions monitored, with any non-attending patients being followed up to ensure continuity of care.

Families, children and young people

Good

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

Immunisation rates were relatively high for all standard childhood immunisations, immunisations were carried out at any time for ease of access for parents. Patients told us and we saw evidence that children and young people were treated in an age appropriate way and recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.

We were provided with good examples of joint working with midwives, health visitors and school nurses. Emergency processes were in place and referrals made for children and pregnant women who had a sudden deterioration in health.

The practice had same day access for routine appointments for children and appointments included extended hours until 7:10 pm two evenings a week.

Summary of findings

The practice ran two contraception clinics, one of which was a walk in arrangement the other was booked in advance. The practice was developing their own social media page which will allow the practice to link into a local parent support group.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of the working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offer continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

The practice operated a wide range of appointment times including evening commuter appointments two evenings a week.

The practice offered a text messaging appointment reminder service, and an on line appointment booking service. Repeat prescriptions could also be ordered on line.

The practice had long associated links to a local university; a healthcare team from the practice was available on registration days and was able to identify and vaccinate students who hadn't had their Meningitis C immunisation before starting university. The practice registered between 300-400 students each year and had forged close links with university counsellors.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice had carried out annual health checks for people with learning disabilities. The practice offered longer appointments for people with learning disabilities.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector organisations.

Staff knew how to recognise signs of abuse in vulnerable adults. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

Summary of findings

GPs had their own patient lists to ensure continuity of care.

The practice had GPs with specialist training and interests in substance misuse, clinics for substance misuse were regularly held at the practice.

The practice had an additional patient waiting area that was quiet and calm; this area had proved popular for patients in this population group.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the population group 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 had in place advance care planning for patients with dementia.

The practice used the services of a Community Psychiatric Nurse who held a weekly clinic at the practice for elderly patients with mental health conditions.

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations. The practice had a system in place to follow up on patients who had attended accident and emergency where there may have been mental health needs.

There were specific GPs within the practice that specialised in patients with mental health conditions and patients with dementia.

The practice had an associated staff 'Improving Access to Psychological Therapies' counselling service for patients to access.

The practice had a system in place to check if patients did not attend the practice or make an appointment as required for specific medication needed for some types of mental illness.

Summary of findings

What people who use the service say

We spoke with six patients and two representatives from the patient participation group. We reviewed 45 comment cards which had been completed by patients in the two weeks leading up to our inspection.

The comment cards had been completed extremely positively and were all very complimentary regarding all aspects of the care and treatment they received at the practice. Comment cards reflected patients felt staff at all levels from reception staff through to nurses and GPs treated them with respect, patience and kindness.

Comment cards stated the practice staff made patients feel welcome and staff always gave patients enough time to discuss their concerns. Patients stated they never felt rushed during their appointments and felt their GPs and nurses involved them throughout the process of their treatment and care. Patients told us the staff made every effort to accommodate their needs with flexible appointment times and were able to give many examples when GPs had seen them at times that suited the patient best. Patients stated they experienced a high level of kindness and compassion at the practice and felt very comfortable with all levels of their care and treatment. Patients told us they felt listened to and gave examples when GPs had explained difficult or complex diagnosis in a way that was easy for them to understand.

We spoke with two members of the patient participation group who told us how the practice had responded positively to concerns expressed in the 'Practices Patient Questionnaire'. A concern had been raised around the potential lack of privacy afforded at the main reception desk. The practice had listened to the concerns and highlighted the use of the 'privacy booth' area at the end of the reception desk where patients could talk with staff with a greater degree of privacy. Patients told us they could also speak to staff in a private room if they wished.

Patients told us in the past it had been difficult to sometimes make an appointment due to the phone lines being very busy, however they stated that had improved with more staff being available and extra phone lines being put in.

Patients told us they found the extended opening times and appointments very useful, especially being able to fit in their appointment around work times without having to take time off work.

A large majority of the comment cards stated patients felt the service the practice provided was excellent and could not fault the practice in any way.

Areas for improvement

Action the service SHOULD take to improve

Ensure they have an effective system to manage correspondence about patients from external providers such as the Out of Hours provider.

Outstanding practice

The lead practice nurse had recently been supported by the practice to take part and develop a programme of helping patients live with cancer. The nurse had developed an operational plan for the programme to be implemented and to become a point of contact for patients on behalf of the practice. Including working with the charity MacMillan Cancer support and attending palliative care meetings.

Summary of findings

The practice ran two contraception clinics, one of which was a walk in arrangement the other was booked in advance. The practice was open throughout the day including lunchtimes and offered extended hours which allowed flexible access for all patients.

The practice had an additional patient waiting area that was quiet and calm; this area had proved popular for patients whose circumstances may make them vulnerable.

The practice had long associated links to a local university; a healthcare team from the practice was available on registration days and was able to identify and vaccinate students who hadn't had their Meningitis C immunisation before starting university. The practice registered between 300-400 students each year and had forged close links with university counsellors.

The practice had a specific GP who specialised in drug and alcohol services who ran a weekly specialised substance misuse clinic for vulnerable patients.

The Ferns Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, the CQC Lead Nursing Advisor and a Specialist Advisor.

Background to The Ferns Medical Practice

The Ferns Medical Practice is located in Farnham Centre for Health, Hale Road, Farnham, and Surrey. The practice operates from inside a hospital complex and is accommodated in a modern, spacious, purpose built premises that is located over two floors. The premises offer full disabled access throughout with all treatment and clinical rooms on the ground floor. The second floor accommodates the administration offices and staff for the practice as well as providing two large meeting rooms that can be used for staff meetings and training events.

The practice assists with the training of qualified doctors gaining experience of working in General Practice and of medical students, who are attached to the practice for a period during the final year of their course.

The practice does not provide an Out of Hour's service for their patients. Patients are able to access Out of Hour's urgent care from an alternative provider. Details on how patients can contact the Out of Hour's service were displayed clearly at the entrance to the practice.

The practice provides a range of primary medical services to approximately 10,500 patients. Patients are supported by, three male and three female GP partners and two female salaried GPs who provide 48 GP sessions per week.

Further support is provided by a practice manager, an assistant practice manager, five nursing staff, a health care assistant and administration and reception staff. The practice is a member of the North East Hampshire and Farnham Clinical Commissioning Group (CCG).

The practice is registered to provide the following regulated activities;

Diagnostic and Screening procedures;

Maternity and Midwifery services;

Family planning:

Treatment of disease, disorder or injury; and

Surgical procedures.

The Ferns Medical Practice holds a General Medical Services contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as local NHS England and North East Hampshire and Farnham Clinical Commissioning Group, to share what they knew.

We carried out an announced visit on 15 October 2014. During our visit we spoke with a range of staff including five GPs, two practice nursing staff, the practice manager, reception and administrative staff. We spoke with patients who used the service, observed how people were being cared for and reviewed some of the practice's policies and procedures. We also reviewed 45 comment cards where patients and members of the public had shared their views and experiences of the service.

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

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

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

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

North East Hampshire and Farnham CCG cover a significantly less deprived area than the average for England. However, The Ferns Medical Practice provides GP services to over 400 students from a local art university college which has led them to develop specialist services for this particular population group.

Good

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. We noted the practice had a system in place to ensure all significant events were recorded, analysed and reviewed.

We saw the practice had a system in place to ensure potential incidents had been acted upon in a timely manner, and the practice had taken steps to ensure each event was fully discussed at staff meetings to enable all members of staff to have full understanding and awareness of the incident.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. The practice was able to demonstrate learning from significant events had taken place and where appropriate staff training had been conducted to maximise the learning for the practice from each event. We saw evidence that significant events were discussed in detail at practice meetings to ensure all staff had a good awareness and communication following the events was clear and concise.

The practice had developed a clear system for ensuring each significant event was followed up with the appropriate bodies and all details recorded accurately and in a timely manner.

The practice completed a review of all significant events twice yearly. An example of a significant event concerned the failure of the vaccine fridge during October 2014. The lead practice nurse noticed the fridge was malfunctioning. The lead nurse followed the practices vaccine fridge protocols appropriately. A replacement fridge was ordered and installed to ensure the safe storage of medicines and vaccines. We saw records that showed this significant event had been recorded accurately and the practice protocols followed precisely which had led to correct and safe disposal of the required medicines which promoted the safety and well-being of the patients.

Reliable safety systems and processes including safeguarding

Staff demonstrated a clear understanding of how to recognise possible signs of abuse in children and vulnerable adults. They were able to explain how and who they would report possible abuse to and were aware of the practices policy on safeguarding children and vulnerable adults. Staff were able to give clear examples of when they had reported potential child abuse; they demonstrated a good understanding of the process involved and their responsibilities concerning information sharing with the appropriate regulatory authorities. We saw records that showed all staff employed at the practice completed safeguarding children and vulnerable adults training. GPs completed training to level three safeguarding vulnerable children, as well as training for adult safeguarding. The practice nurses completed level two and administration staff completed level one. We noted safeguarding children and vulnerable adults was a regular agenda item at practice meetings.

The practice had a chaperone policy in place and a sign giving information on the practices chaperone service was clearly visible in the main patient waiting area. (A chaperone is a person who accompanies another person during treatment or examination). The practice normally used their nurses as chaperones, however, if they were not available specifically trained administration/reception staff would be available to act as a chaperone. We spoke to some of these staff who had a clear understanding of the role of chaperone.

Medicines Management

Patients told us the process for obtaining repeat prescriptions was efficient and well organised. Repeat prescriptions could be requested in person at the practice or on line. Patients said the process was not too lengthy and they received their repeat prescriptions on time.

The practice had a system in place to review patients medications, patients would be contacted and asked to make an appointment where the medications could then be discussed.

The lead practice nurse had requested for the North East Hampshire and Farnham CCG pharmacist to conduct a review of the practices medicines management processes to ensure the medicines management was as efficient as possible.

The practice had effective systems in place for obtaining, using, storing and the supply of all medicines. Clear and accurate, daily temperature checks were completed of the vaccine fridge. We saw records that demonstrated a robust

process was in place to ensure maintenance of the cold chain in relation to temperature sensitive vaccines and medicines. We saw the practice had a detailed policy for maintenance of the cold chain and what action to take in the event of a potential failure.

All of the medicines we saw were in date. Storage areas were clean, well ordered and secure. Keys to the controlled drugs cupboard were kept in a key safe with only specific staff having access to the key code. This ensured the practice had appropriate arrangements in place to manage medicines.

We checked the emergency medicines and noted they were easily located, accessible and within date. Staff we spoke with knew how and where to locate the emergency medicines.

We saw that effective stock control systems were in place for medicines used at the practice. All stocks of medicines were reviewed by a practice nurse who checked on a weekly basis to ensure medicines were ordered up to the agreed stock levels and any medicines that had reached their expiry date were appropriately disposed of.

The practice had a system in place to manage potentially harmful medicines and included checks to ensure the medicines were appropriately managed and reviewed in line with the patient's health.

We checked the levels of controlled drugs at the practice. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We noted the records were accurate and showed the amounts of controlled drugs stored at the practice were the same as the amount recorded in the controlled drug book.

When nurses administered Prescription Only Medicines e.g. vaccines, we saw the practice had a system in place to ensure Patient Group Directions (PGD) or Patient Specific Directions (PSD) were in place in line with relevant legislation. In addition the lead nurse had developed a detailed system to ensure all PSD's were accurate and up to date.

Cleanliness & Infection Control

The practices lead nurse held the position for infection control management. We were shown records that showed infection control training was completed by all appropriate staff in the practice. The practice had their own ultra violet hand hygiene training device which allowed the lead nurse to run regular practical training session for staff on hand hygiene.

The practice had a number of policies and procedures in place to reduce the risk and spread of infection. The practice completed infection control audits every six months. We checked both of these completed audits and noted the last audit completed in October 2014 had obtained a 97% score rating. The lead nurse showed us an aide memoir that they had developed and circulated regularly to staff. The aide memoir was tailored to different members of staff depending on their role, to make sure procedures were being followed. For example, that consultation rooms were not becoming too cluttered for effective cleaning.

The practice appeared clean, well maintained and uncluttered. The practice employed an independent cleaning company for their cleaning requirements. The management of this contractor was undertaken by the practice manager and assistant practice manager. We checked the cleaning schedules and noted there were systems in place to record the frequency and level of cleaning required throughout all areas of the practice. The cleaning equipment was appropriately stored with clear systems in place to ensure equipment used for cleaning clinical and non-clinical areas were kept separate.

There were appropriate hand washing materials available throughout the practice and a plentiful supply of personal protective equipment available for Staff. All privacy curtains were cleaned by an independent cleaning contractor every six months. The practice had appropriate spillage kits available for staff to use in the event a patient became ill in the practice.

The practice had their water supply regularly tested for the presence of Legionella. (Legionella is a bacterium found in the water storage systems which can cause illness in people).The practice carried out regular Legionella checks in order to reduce the risk of infection to staff and patients.

Patients we spoke with told us the practice always appeared clean and tidy.

Equipment

The practice had arrangements in place to ensure equipment was maintained and safe to use. We saw

records that showed portable appliance testing had been completed every two years. Staff told us equipment undertook calibrations where required according to the equipment manufacturers recommendations.

Staff told us they did not have any concerns about the safety, suitability or availability of equipment and felt they had appropriate equipment to carry out their role effectively and safely.

We saw the practice used blood pressure machines which contained mercury. The practice had a mercury spillage kit available which would be needed to safely deal with any mercury if any machines were to break.

Staffing & Recruitment

We were shown the practices recruitment policy and staff explained the process they had recently gone through when they had recruited new members of staff. The recruitment process was robust and covered both clinical and non-clinical staff. We checked the records for staff that had been recently recruited and saw the practice ensured all the required procedures were in place. Criminal records check had been undertaken such as via the Disclosure and Barring Service (DBS) on appropriate staff, normally healthcare professionals. For healthcare professional additional checks were completed to ensure they were registered and in good standing with their professional regulator, such as the General Medical Council or Nursing Midwifery Council.

All staff received a yearly appraisal which they felt was a positive process and encouraged them to contribute to the process and their on going professional development.

The practice had a rota system in place to ensure each team had enough staff on duty to meet patient's needs. The teams covered their own annual leave requirements between themselves.

Staff told us they felt there was enough staff to ensure the smooth running of the practice and that there were always enough staff on duty to ensure patients were kept safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Patients told us they felt the practice was adequately staffed and there were enough staff available for them. They said the practice ensured there were extra staff available at peak times such as Monday mornings. They told us they may have to wait a short while for their appointments but that was not always the case and they were content to wait a short while at busy times.

Monitoring Safety & 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 and recruitment, dealing with emergencies and equipment. The practice had a health and safety policy and health and safety information and guidance was displayed for staff to view.

The practice discussed risks at staff meetings. The practice had a process in place to monitor and manage risks. For example, the vaccine fridge breakdown had been discussed at staff meetings to show the importance of following practice protocols to avoid risks to patient's health.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records that showed all staff had received training in Basic Life Support. Staff said they knew where to locate the automated external defibrillator (AED) which could be used in the emergency treatment of a person having a cardiac arrest. The AED was shared with the interconnecting neighbouring GP surgery. Staff also knew where the emergency oxygen and equipment was located. Records we saw confirmed the emergency equipment was checked regularly.

Emergency medicines were available in the secure medicines room and staff knew where to locate them. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. The practice was accommodated in a shared building and responsibility for many of the premises risks such as, flood, electrical failure

Good

Are services safe?

and access to the building rested with the owners of the premises not the practice themselves. Staff told us they knew how to access support and guidance for a number of highlighted risks and emergencies.

We saw records that showed staff were up to date with fire training and that a regular fire alarm check was undertaken each week. We saw there were clear signs displayed around the practice showing the appropriate fire exits. Staff confirmed fire drills were undertaken regularly and the fire alarm was activated as a safety check each week.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We spoke with five GPs at the practice. They were able to describe how they accessed guidelines from both the National Institute for Health and Care Excellence (NICE) and from North East Hampshire and Farnham Clinical Commissioning Group (CCG). GPs told us new guidelines were discussed and disseminated through weekly practice meetings.

We saw the system the practice used for assessing and reviewing patient care needs which was planned in accordance to best practice. Patients with long term conditions who relied on regular medication were regularly assessed and their medication needs reviewed. The practice had systems in place to ensure the GPs reviewed the diagnostic and blood tests of their patients.

The practice ran various specialised clinics to meet the needs of their patients. These clinics included for conditions such as asthma, chronic obstructive pulmonary disease, diabetes and also for family planning. The practice had a system in place to ensure patients at risk of developing diabetes were tested routinely for early indications of diabetes. The practice had a system for testing patients who were at risk from smoking related conditions and sent these patients for spirometry. Spirometry is a breathing test that can help diagnose various lung conditions. The practice held contraceptive clinics clinics up until 7pm on Mondays to take account of students and people who work during the day. They also ran dedicated 'commuter appointments' for people to access in extended hours until 7:10pm two evenings a week.

Each GP in the practice held a specific clinical lead role such as for diabetes, coronary care and heart disease, asthma and palliative care. Each practice nurse also held their own area of expertise for example smoking cessation, hypertension, diabetes and asthma. We saw each nurse held appropriate certification for their chosen specialised area. The lead practice nurse had recently been supported by the practice to take part and develop a programme of helping patients live with cancer. The nurse had developed a plan for the programme to be implemented and to become a point of contact for patients on behalf of the practice. Including working with the charity MacMillan Cancer support and attending palliative care meetings.

The practice referred patients appropriately to hospital and other community care services. We saw examples of the practice working collaboratively with others such as a drug and alcohol unit, palliative care team and the local community mental health team.

Interviews with GPs indicated that the culture in the practice was that patients were referred on need and that age, sex and race were not taken into account in this decision making.

Management, monitoring and improving outcomes for people

The practice operated a quality improvement process that ensured improvements to patient care were regularly reviewed and acted upon. We noted the practice took into account national guidelines issued by the National Institute for Health and Care Excellence .The practice undertook regular clinical audits and the Quality and Outcomes Framework (QOF) was used to assess the practice's performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice.

The practice had a system in place to deal with Medical and Healthcare Products Regulatory Agency alerts. GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from QOF.

The practice had a system in place for completing clinical audit cycles. An example of an audit the practice had undertaken in April 2013 included high dose steroid inhaler use. The practice had completed an action plan to reduce the use of these high dose inhalers. The practice had then re-run the audit to review and confirm the use of high dose steroid inhalers had been reduced. The practice had also completed an audit on the prescribing of a medicine used to treat insomnia and anxiety with an action to switch to an alternative preferred medicine. We saw the local guidelines the practice had followed and how the practice had managed the difficult task of attempting to switch patients

Good

Are services effective?

(for example, treatment is effective)

over from one medicine to another. There were 60 patients at the practice still using the original medicine and each GP had a list of these patients to action and review. There was a named GP overseeing this project which was on going.

The practice had a lead GP who managed the QOF data. There was an action plan to address the findings of the last twelve months and work towards improvement. The practice had identified the low scoring areas may relate to recording errors and were addressing this with the relevant training. The main areas of treatment and care highlighted for improvement were hypertension, depression and learning disabilities.

The practice had a system in place for ensuring that patients who received repeat prescriptions had been reviewed by the GP. The practices IT system flagged up relevant medicines alerts when the GP went to prescribe medicines. The practice had a system in place to ensure the alert was acted upon by the GP and the patients records noted with the required action taken to show the GP had oversight and a good understanding of best treatment for each patient's needs.

Two named GPs represented the practice at the local clinical commissioning group benchmarking meetings when required. This is a process of evaluating performance data from the practice and comparing it to similar practices in the area.

Effective staffing

All the staff told us they felt well supported by the GPs and the practice manager. They told us their induction had been thorough, detailed and structured. They stated they had felt supported throughout their induction time and had found the time spent shadowing more experienced staff very valuable.

We reviewed staff training records and saw staff were up to date with attending mandatory courses such as annual basic life support. All GPs were up to date with their yearly continuing professional development requirements and had either been revalidated or had a date booked for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

All staff undertook annual appraisals and stated they had found the process positive and useful. They told us any training needs were discussed and they felt they would be listened to and given support if they requested specific training. We saw examples of completed appraisals which confirmed the appraisal was a two way, positive process for the member of staff.

The practice nurses had specific roles they specialised in. We saw records that showed the nurses had completed the required training in order for them to effectively and safely deliver their role. Examples of specialised roles included smoking cessation, asthma, diabetes and cancer care.

The practice manager told us where possible training was practical, hands on training in preference to on line e learning.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. There were arrangements in place for other health professionals to use the practice premises to provide additional services to patients. These included a Community Psychiatric Nurse, counselling services, community mental health team and health visitors. Antenatal and post natal services were provided by the community midwives and health visitors. The practice had well developed links with the community nurses who were located in the same building.

The practice had long associated links to the local university and a healthcare team from the practice was available to accommodate all student registrations on the specified registration days. The practice told us this year the practice health team were able to identify and vaccinate students who had not had their Meningitis C immunisation before starting university.

The practice were in the early stages of developing a social media page in order to allow the practice to link into a local parenting support group, to provide guidance, support and care for families, children and young people.

There were systems in place to ensure the GPs reviewed the diagnostic and blood test results received from other health care providers, for their patients. Administration staff collated information from the Out of Hours provider or from other organisations.

We noted correspondence from the Out of Hours provider went directly to the practice secretary who scanned it in to

the patient record. The secretary would then highlight any correspondence that needed input from the GP. This process meant that there was not an initial clinical judgement made on the result of the Out of Hours correspondence, which could pose a risk to the patient if potential action was missed.

We saw evidence the practice worked collaboratively with other services to manage specific conditions. The practice worked closely with the community matron for nursing homes. We were shown an example of a care plan and how the practice looks after palliative care patients. The practice ran a clinic for patients with a drug and alcohol problem and worked collaboratively with the local drug and alcohol unit.

The practice held weekly clinical meetings each Monday where they were able to discuss the complex needs of patients with other health professionals such as district nurses and social workers.

Information Sharing

The practice stored patient information securely on the practices password protected electronic record system. This system was used by all staff to coordinate, document and manage patients' care. The practice had recently undergone a software update on their electronic system. Staff told us the software training had been well delivered and they were now in the process of putting their training into use. The electronic system allowed staff to scan paper communication, such as records from hospitals and store it electronically for future use.

All archived records were securely stored on the premises in a designated room which was locked via a key code mechanism. Patient records could be accessed by appropriate staff as required.

Consent to care and treatment

Staff demonstrated they had a good understanding of the Mental Capacity Act 2005. They were able to give good examples of when they had to provide care to a patient who did not have capacity and how they were able to ensure the patients best interest was taken into account.

Nurses and GPs demonstrated clear understanding of the Gillick competencies. We noted all staff had attended protection of children and vulnerable adults training which included information regarding the Mental Capacity Act 2005.

We saw there was an information poster in the patient's waiting room regarding the practices data protection policy and information explaining what a patient needed to do if they wished to prevent their personal information being used in this way.

The practice had written policies and procedures concerning gaining consent from patients and staff told us they were aware of the need to accurately record all patient consent when it was given either verbally or in writing.

We spoke to staff about the practices consent process and policy. The staff were able to demonstrate a good understanding about gaining consent before treatment and recognised the importance of ensuring patients understood and gave their consent for treatments. The practice had organised in house training for staff in the Mental Capacity Act 2005 and 'Best Interest' training for staff to support vulnerable adults who may not have capacity to make their own decisions. An example given concerned a 90 year old patient who lived alone and had strong views of not wishing to be re admitted to hospital. A 'best interest' process was completed with the next of kin and a full assessment of the patients mental capacity was completed. The patient was supported throughout with palliative care and remained at home during this period and their wishes to stay at home were fully respected.

Health Promotion & Prevention

Patients told us they had been given written and verbal information about their conditions. Patients said they felt fully listened to in their consultations and stated the GPs made sure they understood their conditions. People gave us examples of how GPs had clearly explained their treatment to them and made sure they fully understood their diagnosis and treatment. Patients told us they felt involved in the decision making process of their care and treatment.

We saw there was a large variety of patient information leaflets available in the waiting room areas. We saw there was support and guidance information signposting patients to local and national support groups such as Macmillan and local carers support groups. The practice had a carer's folder specifically giving help, support and advice for patients who were acting as carers.

The practice ran smoking cessation clinics. These clinics were provided by the practice by their own practice nurses. We spoke with both of these nurses who were able to give

Good

Are services effective?

(for example, treatment is effective)

detailed information on how they ran their clinics and how they were able to bring their own views and approach to smoking cessation. This meant patients could have a choice in which clinic and method for smoking cessation they could use which ensured a high level of motivation could be maintained.

The practice ran two contraceptive clinics. This enabled patients a choice of attendance times and provided a flexible service for those patients that had limited times when they could visit the practice.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.

The practice offered a full travel vaccination service and is one of four yellow fever centres in the North East Hampshire and Farnham CCG area. The practice nurses had specialised skills and had received specific training to deliver a range of services for example treatment of diabetes, asthma, travel vaccines and chronic obstructive pulmonary disease related care

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and a survey of 260 patients undertaken by the practice's patient participation group. The evidence from these sources showed patients were satisfied with how they were treated and that was with compassion, dignity and respect. For example, data from the 2013 GP national patient survey showed 88.4% of practice respondents said they would recommend their GP surgery and 88.6% of practice respondents described their overall experience of their GP surgery as good or very good. Data from the patient participation group survey report dated March 2014 stated 92% of patients would recommend the practice to their family and friends.

Patients completed Care Quality Commission comment cards to provide us with feedback on the practice. We received 45 completed cards which were all extremely positive about the service they experienced at the practice. Patients stated they felt the practice offered an excellent service and staff were friendly, accommodating, efficient and helpful. Patients regularly stated the practice was genuinely caring and felt all staff regularly went over and above to make sure they received effective, quality care. Patients were able to give us examples of when their GP had fitted them in because they may have been particularly anxious and needed to see their GP that day. The practice told us their ethos was never to turn anyone away and this comment was confirmed by the patients we spoke with.

We spoke with five patients on the day of our inspection. All of them told us they were very satisfied with the service they received and stated staff treated them with dignity and respect. They told us the service offered good privacy arrangements which had been improved following some concerns that had been raised around the reception waiting areas and desk. We spoke with two patient participation group members on the day of the inspection. They confirmed the patient satisfaction survey had highlighted some concerns regarding the possible lack of privacy surrounding the main waiting room reception desk area. They told us the subject had been raised with the practice and the practice had taken action to highlight the privacy booth at one end of the reception desk, conduct additional training for reception staff regarding patient privacy and reconsider the physical layout of the reception area to see if improvements could be made. We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. We noted there were also signs stating if patients required additional privacy they could speak to a member of staff in a separate room. Patients told us this was a good idea although they had not had to make use of the facility.

We noted all treatment and consulting rooms had privacy curtains installed to ensure the patients dignity and privacy was maintained during examinations, investigations and treatments. We noted that consultation/treatment doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected they felt comfortable to raise the issues with their line manager. These incidents would be investigated and any learning identifies would be shared with the staff at practice meetings.

Care planning and involvement in decisions about care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, data from the March 2014 practice's satisfaction survey showed 91.98% of practice respondents said they would recommend the practice to their family and friends. In addition 86.64% of respondents stated they were either very satisfied or satisfied with the service they received from the practice.

Patients told us that health issues were fully discussed with them and they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff and had sufficient time during their consultations to understand what they were being told and to make an informed decision about their choice of treatment. Patients said they found it very useful when the GPs used diagrams and anatomical models to explain conditions and treatments. The patient comment cards we reviewed were positively completed and confirmed the views of the patients we spoke with.

Good

Are services caring?

Patients were aware of the chaperone service the practice offered. They told us their permission was always asked if medical students or trainee GPs were sitting in on consultations.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, 100% of survey respondents stated the last time they wanted to see or speak to a GP or nurse from their GP practice they were able to get an appointment. The patients we spoke with on the day and the comment cards we reviewed gave positive comments concerning the care and compassion shown by staff.

The practice had taken an active role in supporting their patients who were carers. Staff had received specific carers training which had been provided by the local authority and the practice provided staff to attend and take part in the running of the carers hospital stand during 'carers week'. GPs in the practice refer relevant carers for respite allowance. The practice had a green flag alert system in place to highlight to GPs those patients that held caring responsibilities. This system had proved invaluable should a carer have to go into hospital themselves for treatment and ensured the GP was aware that patient had caring responsibilities so could take responsive action as required.

The practice had information on their website and a folder in the main patient waiting area that included detailed information regarding all aspects of carer support and guidance literature.

We noted there was information displayed around the waiting areas showing local support groups for memory clinics and associated help and advice.

The lead practice nurse had recently developed skills for supporting patients with cancer care needs.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The practice used a system of GPs having their own list of patients to ensure continuity of care. Patients stated they preferred this system, they told us it was easier for them to see a GP who knew them and their conditions. Patients told us they could request a specific GP and understood they may have a slight delay if this particular GP was busy, which they did not mind.

The practice had a patient participation group (PPG). On the day of the inspection we spoke with two members of the PPG. The PPG had completed an annual patient survey during March 2014 which had covered a range of services the practice offered such as; the practice website, ease of use and practicality, appointment booking methods, communication methods, privacy , cleanliness and overall satisfaction with the service. The survey had been positively completed by 260 of the patients with 92% stating they would recommend the service to family and friends. The PPG analysed the survey, implemented an action plan and discussed the findings with the practice. One area of concern raised was around the use of the privacy booth in the main reception area, 69% of patients had been unaware of the privacy booth. To address this issue the practice ran training sessions for their reception staff to identify patients who may require additional privacy, raised awareness of the privacy booth with patients and reviewed the physical layout of the main reception area. The PPG told us the practice was responsive to their patients needs and actively listened to any ideas or concerns the PPG had. The PPG members were complimentary regarding the responsiveness of the practice and stated the practice was always looking at methods to improve the service they gave to all of their patients.

The practice had only had one GP leave the practice in recent years and this low turnover of staff during the last three years had enabled good continuity of care and accessibility to appointments with a GP of choice.

The practice had responded to the needs of the practice population and operated extended hours to ensure they were available for students, commuters and working people.

For older people the practice operated a range of appointment times throughout the day including telephone appointments and home visits could be booked in advance. A Community Psychiatric Nurse for the elderly held a clinic once a week and the practice could call upon the services of a specific nurse for the elderly who was based within the Farnham Centre for Health complex.

For families, children and young people, appointments were available outside of school hours and family planning clinics were held during extended hours. The practice had a good awareness of patients who may need support and treatment for post natal mental health conditions.

The practice had a specific GP who specialised in drug and alcohol services who ran a weekly specialised substance misuse clinic for vulnerable patients. We saw reception staff were responsive to patients who came into the practice without appointments.

Tackling inequity and promoting equality

The practice did not conduct specific equality and diversity training however the staff had a good understanding of this topic. Any specific issues were regularly discussed at practice meetings and staff were actively asked for their opinions and views. Staff told us they felt their views were listened to and felt comfortable raising concerns or queries either on a one to one basis, in appraisals or in a larger staff meeting.

The practice had adapted the premises to meet the needs of people with disabilities. They had actively sought the views and opinions of a patient who used a wheelchair and had made adaptions such as fully automated double swing doors at the main entrance to the practice, same level tiled flooring throughout, clinical and consultation rooms available on the ground floor and a spacious toilet for patients with disabilities including with grab rails and alarm. We saw the waiting rooms had a variety of seat heights and arms for ease of use for those patients who had restricted mobility. The practice also had a hearing loop to help those patients who had hearing impairments.

The practice had a smaller waiting area for patients to use who may prefer a quieter environment. Staff told us the

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

area had been particularly useful for patients who had learning difficulties or had mental health conditions as it provided a quieter, calmer area for them to wait in, which reduced their anxiety levels.

Access to the service

Appointments were available from 8.30am to 7.00pm Monday to Friday. The practice was open during the lunchtime and patients could also book appointments via the practices on line system. Patients could request a same day appointment or home visit by telephoning the practice before 10.30am. Telephone consultations could be booked in advance and routine or non-urgent appointments could be booked up to a month in advance.

The practice operated a system where each GP had a number of emergency appointments allocated each day, this ensured patients who needed to be seen in an emergency could be seen by a GP on the day, even if it was not their own named GP. Patients told us they were happy with this arrangement and stated as long as they were seen in an emergency they didn't normally mind which GP they saw.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the Out of Hours service was clearly displayed at the main entrance to the practice.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures 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.

We saw the practice had a poster displayed in the main waiting area, which explained how patients could complain. Patients told us they were aware of the practices complaints procedure and knew how to make a complaint, although none of them had ever felt the need to complain. Patients knew they could make a complaint in person, over the telephone, in writing or via the practice website.

We looked at the practices summary of complaints between October 2013 and September 2014. We noted the practice had received ten complaints and saw the practice had investigated, analysed and communicated the outcome of each complaint in a timely manner to all parties. We saw the practice had documented any learning achieved as a result of the complaint. For example, the practice had received a complaint regarding the difficulty patients were experiencing getting through to the practice on the telephone. The practice saw this had been a recurrent theme over the previous few months and took steps to install two additional phone lines, which they said solved the problem.

We saw records that showed complaints and comments were regularly discussed at team meetings. If the complaint was regarding a specific patient the practice only documented the patient as a coded number to ensure patient confidentiality was protected. The results were minuted to ensure all staff had access to the final decisions and action taken including any changes to policies and procedures.

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. GPs stated their aim was to never have to turn any patient away and to promote an open and honest culture with a supportive and professional team approach. Staff spoke of an exceptionally caring and friendly ethos and stated they particularly enjoyed being part of such a welcoming, caring team.

The staff we spoke with on the day included GPs, nurses, reception staff and administration staff, all of them stated they felt the practice communicated effectively and appropriately at all levels. They stated the practice genuinely put all their patients first and ensured patients were put at the very centre of their treatment and care. Comment cards we reviewed on the day confirmed this view.

The practice held a 'strategy day' approximately two times in a three year period where all staff were encouraged to nominate improvements and ideas to take the practice forward. The partners of the practice would then take these ideas and develop an action plan in order to prioritise and implement any changes.

Staff stated they felt very involved and included in the running of the practice, they confirmed they were consulted in regard to changes to be made and felt their views were listened to and respected. Staff stated they felt communication at the practice was excellent.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff at the practice. Staff had a signed a cover sheet to state when they had read them.

The practice had an effective system in place for meetings, which were minuted and available for staff to view. Each Monday key staff met to discuss any issues arising in the forthcoming week. In addition the practice held monthly partners meetings from 7.15pm to 9.30pm in the evening to discuss the actual business of running the practice. The practice held quarterly GP and practice nurse meetings. Every day the GPs had an informal coffee time meeting between 10.30 and 11.00am to discuss patients and manage any emerging issues. This showed the practice worked as a functional team with many different lines of communications including many opportunities for the staff to meet face to face.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed there were three main areas where the practice needed to improve. These were hypertension, diabetes and depression and mental health. We saw that the practice had a GP QOF lead and QOF data was regularly discussed at team meetings and action plans were produced to improve outcomes.

The practice took part in local external peer review. The clinical commissioning group (CCG) conducted a prescribing audit which the practice was involved in. The prescribing audit involved each practice having an audit of their GPs prescriptions to highlight any concerns or recommend good practice. Results were measured against other GP practices within the same CCG area. If training needs were identified, training was then conducted to maintain effective prescribing practices. The practice had also taken part in a local user group concerning the recent change to a specific software package. Staff who attended were able to learn effective procedures and disseminate their learning to staff at their practice. Staff found this particularly useful due to the large amount of learning they had to achieve when the new computer system was installed.

Clinical audits were regularly undertaken by the practice GPs. We were shown records of completed audits the practice had undertaken during the past twelve months. These included high dose inhaler use and audits of anti-anxiety medicines.

The practice demonstrated governance arrangements as they had developed an effective pro forma for capturing any significant events that had occurred. The information from the significant event was analysed, reviewed and a clear action plan with learning points completed. The practice used this information to minimise the risk by identifying any trends or themes that may affect patient care and/or quality of service.

Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example there

Are services well-led?

Good

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

was a lead nurse for infection control and a lead GP for Safeguarding. Staff told us they were clear on their roles and responsibilities. They told us they felt valued, well supported and knew who to go to if they had any concerns.

We saw completed minutes from various team meetings that were held on a regular basis, some weekly and others monthly. Staff told us the practice had an open and honest culture and they felt comfortable to raise any issues at team meetings.

Appraisals were carried out annually and staff told us any training needs identified were supported by the practice.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example their recruitment policy, infection control and medicines management which were in place to support staff.

Practice seeks and acts on feedback from users, public and staff

The practice had gathered feedback from patients through annual patient surveys, comment cards, their website and complaints process. We looked at the results for the annual patient survey and noted comments regarding privacy issues had been addressed by the practice, acted upon and corrective action implemented. The practice had placed a sign in the reception area stating a separate room was available should patients wish to speak with staff with more privacy.

The practice gathered feedback from staff through a variety of methods such as, general meetings, appraisals, one to one supervisory meetings and practice strategy days. Staff told us they were content to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they were aware of the whistle blowing procedure and would feel comfortable to implement it.

Management lead through learning & improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. We saw records that showed staff were given annual appraisals and agreed objectives with their line manager to ensure their continued development. Objectives were reviewed throughout the year and staff could discuss their progress. The practice had a system in place to maintain development for staff, for example, asking experienced staff to volunteer to mentor and train new staff with new roles. This ensured good practice was passed on to staff and gave new staff initial support and encouragement when they started new roles that they may find challenging.

The lead practice nurse had recently been supported by the practice to take part and develop a programme of helping patients live with cancer. The nurse had developed an operational plan for the programme to be implemented and to become a point of contact for patients on behalf of the practice. Including working with the charity MacMillan Cancer support and attending palliative care meetings.

Each week practice issues and priorities were discussed between the lead practice nurse and the practice manager. This was then communicated personally to each practice nurse to ensure the information was understood and changes in care and treatment for patients implemented.

The practice assists with the training of qualified doctors gaining experience of working in General Practice and of medical students, who are attached to the practice for a period during the final year of their course.

The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients. The practice held significant event meetings two to three times a year with any urgent cases being reviewed in the weekly Monday meetings. For example, an incident had occurred where a home visit had been missed due to a communication breakdown between the reception team and the visiting GPs. As a result the practice reviewed their system, computerised home visit requests and ensured the duty GP was informed of all required home visits.