

Bridgewater 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.

Summary of findings

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Summary of findings

Overall summary

Bridgegate Medical Centre is located in a purpose built building near the centre of Barrow in Furness. The practice provides primary medical treatment and services to people of all ages. At the time of our inspection approximately 8,500 patients were registered with the practice. The practice registered with the Care Quality Commission on 1 April 2013 to provide the following regulated activities:-

Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures, Treatment of disease, disorder or injury.

We found that the service was effective in meeting patient needs and had taken positive steps to ensure people who had difficulty accessing the service were enabled to do so.

Patients said staff were caring and doctors and nurses explained treatments and choices available to them. Patients told us they would recommend the service to family and friends and people new to the area.

We found policies and procedures to support staff whilst carrying out their roles were robust and up to date. Staff had received appropriate training and support to allow them to carry out their roles to a high standard.

We found the practice was well led and managed by the lead GP's and the senior team. All staff shared the values and beliefs of delivering high quality responsive care to their patients. We found that the clinical leadership and accountability framework of the practice nursing team could be improved.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Overall the service was safe. There was a recruitment process in place to ensure all staff were appropriately recruited. Complaints and incidents were investigated and learning shared with all staff. The practice had identified leads for safeguarding and infection control.

Are services effective?

Overall the service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner.

Are services caring?

Overall the service was caring. All the patients we spoke with during our inspection were very complimentary about the service. Patients' privacy and dignity was respected during treatment and patients' were involved in decisions about their care and treatment. The provider's induction and training programmes emphasised the need for a patient centred approach to care.

Are services responsive to people's needs?

Overall the service was responsive to people's needs. There was an open culture within the organisation and a clear complaints policy. Patient suggestions for improving the service were acted upon. The provider participated actively in discussions with local health providers about how to improve services for patients in the area.

Are services well-led?

Overall the service was very well led. There was a strong and visible leadership team with a clear vision and purpose. Governance structures were evident and there was a system in place for managing risks. There were systems in place to support and enable learning and development.

Summary of findings

What people who use the service say

Patients who used the service told us that it met their healthcare needs and that both clinical and non-clinical staff treated them with respect, discussed their treatment choices and helped them to maintain their privacy and dignity. They said they had not experienced any difficulty accessing the service.

The patients and carers we spoke with during our inspection made positive comments about the quality of the service.

We received eleven comments cards on which patients had recorded their views on the service. Most were positive and emphasised the caring and respectful attitudes of staff and excellent standards of care.

Patients told us the flexible appointment arrangements at the practice meant they could always see a doctor in an emergency.

Areas for improvement

Action the service COULD take to improve

The provider could consider strengthening the clinical leadership and accountability structure of the practice's nursing team.

Bridgegate Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP. The team also included an additional CQC inspector and an expert by experience.

Background to Bridgegate Medical Centre

Bridgegate Medical Centre was located in a purpose built facility in Barrow in Furness, Cumbria. The practice provides primary medical services to residents living Barrow in Furness and the surrounding areas. At the time of our inspection there were approximately 8500 patients registered with the practice.

The services were provided by four partner GPs and a salaried GP. These GPs were supported by three practice nurses, a health care support worker, the practice manager and reception/ administration team. The practice was a teaching and training practice with two accredited trainers and one supervisor of medical students.

The practice offered appointments at various times of the day. Appointments could be booked in advance or booked on the same day. The practice also offered emergency and telephone triage appointments. Home visits were also carried out for patients who were not well enough to attend the surgery.

The practice was open between 8.30am and 5.50pm Monday to Friday. An out of hours service is provided by Cumbria Health On Call (CHOC)

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed a range of information we had received from the service and asked other organisations to share their information about the service.

Detailed findings

We carried out an announced visit on 07 May 2014 between 9.30am and 4.00pm.

During our visit we spoke with a range of staff, including GP's, the Practice Manager, Nurses and support staff.

We spoke with patients who used the service and members of the patient participation group. We observed how people were being cared for and talked with carers and/or

family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We also looked at policies, procedures and processes in place within the centre that supported the safe and effective management of service delivery.

Are services safe?

Summary of findings

Overall the service was safe. There was a recruitment process in place to ensure all staff were appropriately recruited. Complaints and incidents were investigated and learning shared with all staff. The practice had identified leads for safeguarding and infection control.

Our findings

Safe Patient Care

We spoke with five patients who were using the service on the day of our inspection, interviewed members of the patient participation group and reviewed the information on eleven comments cards that had been left for us by previous patients, all the comments were positive and did not raise any issues for concern relating to patient safety. We found that the practice had systems in place to monitor all aspects of patient safety. Reports from NHS England indicated that the practice had a very good track record for maintaining patient safety. Information from the quality and outcomes framework, which is a national performance measurement tool showed that in 2012-2013 the provider was appropriately identifying and reporting incidents.

We found that concerns regarding the safeguarding of patients were passed on to the relevant authorities by staff as quickly as possible. Staff actively reflected on their practice and recognised the benefits of identifying any lapses in practice. This not only included actual patient safety incidents but incidents where things had the potential to go wrong. From our discussions we found that GPs were aware of the latest best practice guidelines and incorporated this into their day-to-day practices.

Learning from Incidents

We found that Bridgegate medical centre had a system in place to record incidents. We saw that all recorded incidents were discussed at a monthly practice meetings attended by all staff. This meant that procedures were in place to identify, manage and learn from incidents.

We saw that detailed investigation of all incidents took place and actions identified as a result of this were shared with staff and addressed as required. Staff told us they felt able to report incidents that occurred and felt they were supported to investigate why things happened and what could be done differently to reduce the risk of reoccurrence.

Safeguarding

We saw that staff had received level one safeguarding training. There was a named safeguarding lead at the practice who had received level 3 safeguarding training. We spoke with the practice manager and staff about how they would identify potential abuse and what action they would

Are services safe?

take. Both staff were able to describe the possible indicators of abuse, in relation to both children and vulnerable adults. They were also aware of issues that may be relevant to some cultural or minority ethnic groups.

The practice manager told us that the safeguarding lead would discuss any safeguarding issues with other relevant healthcare or social care professionals such as the named health visitor, social worker or community psychiatric nurse. We saw that there was regular liaison and effective links with appropriate external professionals and organisations. Our discussions with staff and the practice manager showed there was awareness of local authority child protection and safeguarding referral processes. We found that the practice had a safeguarding policy in place and that this policy was accessible to staff.

We were told that if a patient was identified as at risk this would be coded and highlighted on the person's electronic record to allow effective monitoring. We were told and we saw that safeguarding activity was monitored at the practice's weekly clinical staff meetings.

Monitoring Safety & Responding to Risk

We saw the practice had systems in place to identify, analyse and review risks. Environment checks and risk assessments had been carried out. Staff had access to health and safety information, policies and procedures. There was a system in place to report, investigate, record and respond to any significant or adverse event. We noted event reports were concise, with clear investigation and documentation of outcomes. We were able to corroborate when actions had been taken to reduce or prevent reoccurrence.

Incidents were discussed at clinical staff meetings and we saw that actions and outcomes were disseminated to all staff. This meant that learning was shared and understood. The practice had "Whistle blowing" guidance in place for all staff. We spoke with staff, who told us that they would feel confident about raising concerns.

Systems were in place that demonstrated the practice responded effectively to external safety alerts.

Medicines Management

The practice had a prescribing and medication policy available for staff to guide them on the safe use, storage,

ordering, returning and dispensing of medicines and prescriptions. We saw an emergency anaphylactic shock kit and emergency medicines were available at the practice. These were stored in the practice nurse room.

We checked the refrigerator where vaccines were stored. We looked at all vaccines stored within the fridge. We saw records confirming fridges storing vaccinations were checked once daily to ensure they were at the required temperature. We did not find instructions on the actions to take if the temperatures were out of range. The practice may wish to note that availability of instructions on what action to take if fridge temperatures are out of the normal range would ensure that medicines are always stored appropriately.

We saw that some vaccinations stored in the fridge had patients' names written on them. We were told that this was because they had been ordered for a specific patient, we noted that two of the boxes had two different names on them. Staff were unable to offer an explanation as to why this had occurred. We spoke with nursing staff to establish lead roles for the monitoring and auditing of vaccine fridges, medicines and emergency equipment. We were told that this was flexible and lead roles were not identified.

We spoke with the practice manager who told us that patients could request a repeat prescription in person or by email and this would be reviewed by the doctor and processed within 48 hours. The practice also had an arrangement with local pharmacies for repeat prescription requests to enable patients to collect medication from their local pharmacy.

We saw that medication reviews were carried out and that the clinical system also prompted GP's to carry out repeat medication reviews. There were procedures in place for GP reviews and the monitoring of patients on long term drug therapy.

We spoke with a patient who told us that they were invited for regular medication reviews.

Cleanliness & Infection Control

The practice had an infection control policy and guidelines in place. This provided staff with information regarding infection prevention and control, including hand hygiene, managing clinical waste and environmental hygiene. We observed the consulting and treatment rooms were clean and well maintained with adequate storage.

Are services safe?

We saw that hand washing facilities were available to promote high standards of infection control.

Hand gel dispensers and instructions about hand hygiene were available throughout the Practice. We found protective equipment such as gloves and aprons were available in the treatment/consulting rooms.

The practice employed a domestic assistant and cleaning frequency schedules were available for all areas.

We were told the practice did not use any instruments which required decontamination between patients and that all instruments were of single use. The manager told us stock checks were carried out weekly to ensure items such as instruments, gloves and hand gel were available and in date.

The practice had procedures in place for the safe storage and disposal of needles and waste products. We saw that 'sharps' boxes' were wall mounted and foot operated clinical waste bins were not available in all clinical areas. This meant that the safe storage and disposal of needles and waste products guidance was being followed.

Staffing & Recruitment

The provider had a comprehensive and up-to-date recruitment policy in place. The policy detailed all the pre-employment checks to be undertaken on a successful

applicant before that person could start work in the service. We looked at a sample of recruitment files for clinical and administrative staff they confirmed that the recruitment procedure had been followed.

.All appropriate checks were carried out before the staff member started working within the practice. All clinical staff had three yearly criminal records / disclosure and barring checks. All staff had received induction training before they started work.

Dealing with Emergencies

All staff were trained to a minimum of basic life support with all clinical staff being trained to intermediate life support. There were business continuity plans in place to deal with emergencies that might interrupt the smooth running of the service such as power cuts and adverse weather conditions.

Equipment

All equipment was adequately maintained and we saw records for portable appliance testing which had recently been carried out to ensure all equipment was fit for purpose. There was a register of equipment to confirm calibration and testing of equipment such as blood pressure machines and weighing scales.

Fire extinguishers and equipment was available throughout the building and had been recently tested. The provider had appropriate service and maintenance contracts in place for all equipment.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner.

Our findings

Promoting Best Practice

We spoke with two GPs and discussed how they received updates relating to best practice or safety alerts they needed to be aware of. The GPs advised us that these were shared with them through by the practice manager and any actions identified were carried out, reported and recorded appropriately then stored for future reference. These were shared with all relevant staff at staff meetings. The practice adhered to a monthly half day protected learning time policy for all staff. This time was used for clinical development and training. The staff we spoke with all were keen for the service to be patient centred as possible. The clinicians were familiar with and using current best practice guidance. The partners had nominated a GP to lead on ensuring all clinicians remained up to date with the latest best practice guidance. The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches and we found that this was aimed at ensuring the best outcome for each patient.

Management, monitoring and improving outcomes for people

We were told that each GP was responsible for the management and monitoring of specific conditions and illness. This included diabetes, cardio vascular disease, mental health, sexual health, chronic obstructive pulmonary disease (COPD). We found that the practice had a variety of mechanisms in place to monitor the performance of the practice and the clinicians adherence with best practice. These included the ensuring the team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. We found that staff openly raised and shared concerns about clinical performance. They discussed how as a group they reflected upon the outcomes being achieved and areas where this could be improved. This meant the practice had a system in place to improve clinical outcomes for patients.

Nursing staff explained that during consultations both verbal advice and written information was given to patients' about lifestyle choices to keep healthy and help improve long term conditions.

Are services effective?

(for example, treatment is effective)

The practice was committed to working with external agencies to help improve outcomes. For example when patients were diagnosed with depression counselling and other resources were considered before automatically prescribing anti-depressant medication.

The practice signposted patients to support groups. These included help with chronic disease management, stoma care and the management of diabetes.

Staffing

We found staffing levels to be adequate within the practice. The GP's worked for ten sessions Monday to Friday so appointments were available on a daily basis for patients. The practice nurses worked five days a week. There were four part time reception/administration staff covering reception and one practice manager. Appraisals and performance reviews had been carried out for all staff. We looked at staff files and saw that, in addition to mandatory training, learning needs had been identified and training opportunities provided.

We asked the practice manager how they monitored staff registration with professional bodies such as the General Medical Council (GMC) or the Nursing and Midwifery Council (NMC). They told us they and we saw that there was a formal monitoring system in place to ensure that healthcare professionals employed at the service had current up to date professional registration.

Working with other services

We saw that referrals to other healthcare services were made where required. Referral letters were clearly written and detailed why the person was being referred.

Staff told us that patients with complex needs were discussed at clinical staff meetings to review and ensure that programmes of multi-agency care were meeting changing needs. The practice staff also worked closely with the local community nursing team. This meant that practice staff could communicate easily and quickly with the community nursing team, which ensured patients received appropriate and timely care. We heard that good links had been established with local hospital consultants and departments and this aided the flow of information to them in respect of assisting patients to come to terms with their diagnosis and treatment. The practice also worked with CHOC, out of hours provider, to make sure doctors working with the out of hours service had full information about patients needs including care plans for people receiving palliative care. This meant people who used the service experienced safe, effective and appropriate care and treatment that met their needs.

Health Promotion & Prevention

Leaflets and posters were displayed in the reception area covering a range of health related conditions and services available such as vaccinations, diabetes management and smoking cessation.

We found that the staff proactively gathered information on the types of needs patient's presented with and understood the number and prevalence of conditions being managed by the practice. The practice could outline the numbers of people with long-term conditions; what these were; and how the clinicians took action to regularly review their needs. This meant that preventative work could be completed with all these groups to assist them to improve their health and wellbeing.

Are services caring?

Summary of findings

Overall the service was caring. All the patients we spoke to during our inspection were very complimentary about the service. Patients' privacy and dignity was respected during treatment and patients' were involved in decisions about their care and treatment. The provider's induction and training programmes emphasised the need for a patient centred approach to care.

Our findings

Patient views

We spoke with five patients who were using the service on the day of our visit. We also looked at other feedback received from patients about the service from our comment cards and the NHS choices website and saw that this was mainly positive.

Patients told us; "I'm always treated with respect, the staff are all very kind", "The staff are very caring and always take time to listen to me", "They explain everything to you in layman's terms, so I always know what's involved".

Patients told us that they could always get an appointment at the practice, even if it was an emergency. Everyone told us that they were given sufficient time during consultations to explain their symptoms and ask questions about treatment options

Respect, Dignity, Compassion & Empathy

All of the patients we spoke with described being treated with respect and dignity when using the service. We observed reception staff speaking with patients in a friendly and helpful manner.

We saw that there was a room available away from the main reception that could be used if patients preferred to discuss their condition in private rather than in the reception area. Consultations took place in individual rooms with one patient at a time. Curtains were in place to maintain privacy and dignity as much as possible during physical examinations and windows were fitted with blinds which could be closed fully if required. This meant people's privacy and dignity was respected during treatment.

We saw patients had access to a chaperone service, this was offered during consultation by the doctor if any physical examination was required and recorded in the patient's electronic notes. Information about the chaperone service was available in the waiting area.

Involvement in decisions and consent

The practice had a consent policy in place, which set out how they involved patients in their treatment choices so that they could make informed decisions and consent. The policy included information about the patient's right to withdraw consent and made reference to Fraser guidelines, These guidelines are used to assist the health professionals when they are deciding whether a child under 16 years of

Are services caring?

age is mature enough to make decisions regarding their care. This meant staff had access to guidance to involve and help patient's make informed consent about their care and treatment. Staff told us and we saw that patients gave consent for treatment in writing on their first visit to the practice when they completed the standard new patient paperwork. The practice manager told us that consent was deemed to be implied following this as the patients themselves had asked for the appointment with the medical professional. We saw that consent forms were completed for procedures carried out by the practice nurses'.

All staff we spoke with understood the principles of gaining consent including issues relating to capacity. The patients we spoke with confirmed that they had been involved in decisions about their care and treatment. They told us their

treatment had been fully explained to them and they understood the information given to them. This demonstrated a commitment to supporting patients to make informed choices about their care and treatment.

We looked at the care and treatment records for two people who used the service. Records were completed both by hand and electronically. Records included details about any assessments completed and the treatment options that had been discussed with the patient.

The practice had access to an interpretation service if required. We spoke with the practice manager who also demonstrated knowledge about the cultural and religious values and beliefs of people using the service and how this may affect the care and support they require. This meant the provider recognised and respected people's cultural and religious diversity when providing care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to people's needs. There was an open culture within the organisation and a clear complaints policy. Patient suggestions for improving the service were acted upon. The provider participated actively in discussions with local health providers about how to improve services for patients in the area.

Our findings

Responding to and meeting people's needs

There was sufficient onsite car parking at the practice which was free of charge. Dedicated parking places were available for people with a disability. The entrance doors to the practice were not automatic, a bell had been provided so that patients with mobility problems could summon assistance. A patient we spoke to who used a wheelchair told us that this worked well. The practice had access to translation services and a 'loop' facility for patients with a hearing impairment.

The practice had a policy in place for the transfer of relevant electronic patient information when patients transferred to another GP practice or were referred for treatment. Procedures were in place documenting communication processes and information exchange with other healthcare professionals and services. Partners at the practice attended a number of meetings with other local health providers. The practice had been highlighted as an outlier for accident and emergency attendances. The practice appointment system had been reviewed to include telephone triage and an increase in same day emergency appointments. As a result accident and emergency attendances by practice patients was reducing.

Access to the service

Consultation appointments could be pre booked between 8.30am and 12noon and 3.00pm and 5.50pm Monday to Friday. The practice manager told us that appointments were also available every day for emergencies. This process had been reviewed in April 2013 to improve the availability of emergency appointments. Alternatively the doctors' contacted people by telephone at the end of each surgery in order to triage patients (prioritise those patients that need an appointment) and if appropriate the doctor would then arrange to see them. The practice manager told us that telephone consultations also took place to discuss minor issues. Doctors also carried out home visits if required. For out of hours treatment the practice had a contract with Cumbria Health On Call, the recorded telephone message gave people the relevant number to contact if required. This meant people who used the service were able to access appropriate care and support when they needed it.

Are services responsive to people's needs?

(for example, to feedback?)

Concerns & Complaints

We looked at the complaints policy and saw that it detailed the procedure for receiving, handling and responding to complaints. The practice had received eight complaints in the last two years. We looked at the responses to two of these complaints and saw that they had been investigated and responded to appropriately. There was evidence that changes had been made to the appointment system at the practice in response to complaints. Staff we spoke with

were knowledgeable about how patients should be assisted to raise a complaint. Patients we spoke with told us they would raise any concerns with the GP or reception staff and said that they were aware that there was a formal complaints process in place. There was information about how to raise a concern on display in the practice. The complaints process was also documented in the practice information leaflet. This meant that all patients were aware of the complaints system.

Are services well-led?

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

Summary of findings

Overall the service was very well led. There was a strong and visible leadership team with a clear vision and purpose. Governance structures were evident and there was a system in place for managing risks. There were systems in place to support and enable learning and development.

Our findings

Leadership & Culture

There was a good relationship between clinical and non-clinical staff. There were clear job descriptions in place for all staff. The staff we spoke to were clear about their roles and responsibilities. They described the culture within the organisation as focused on patient care. Staff also told us that the leadership was visible and accessible. There was a well-established management structure with clear allocation of responsibilities for most staff. We saw evidence that showed the managers of the service engaged with the local CCG on a regular basis to discuss current performance issues and how to adapt the service to meet the demands of local people.

We saw that induction and initial training programmes for clinical staff covered listening effectively, communicating effectively, and shared decision making. This helped to ensure a consistent approach to patient care across the service. There was a clear recruitment process that supported the employment of suitable staff. Comprehensive induction and training programmes were in place for all staff and attendance was closely monitored.

The GPs received both internal appraisal and an external professional appraisal. They, as well as the nursing staff, also routinely accessed clinical supervision. During the appraisal clinicians were asked to reflect on their practice and behaviour. Colleagues were also asked to provide open and honest feedback at the appraisal about their interpersonal skills and clinical competence. This information was used to assist their manager complete an accurate appraisal of the staff competence to work at the practice.

The practice was a training practice, trainee's told us that they were supervised by a named doctor and felt extremely well supported by the practice.

Governance Arrangements

Bridgeway medical centre had a clear corporate structure in place to provide assurance that the service was operating safely and effectively. There was a programme of weekly clinical staff meetings supported by a general staff meetings and a reporting structure. We found that the

Are services well-led?

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

reporting arrangements for the practice nursing team lacked clinical leadership. We were told that the practice were considering identifying a GP lead for the nursing team to address this.

Systems to monitor and improve quality & improvement

The practice had worked with the local Clinical Commissioning Group (CCG) to develop a set of indicators about the quality of the clinical care and organisation of the practice. There were systems in place to monitor services and record performance against the quality and outcomes framework. A range of internal clinical audits and risk assessments had also been completed to improve outcomes for patients including asthma management and medicines management

The practice manager had made sure that the systems in place for monitoring the service provided comprehensive information about the operation of the service. They used the information to benchmark their performance and used this to evaluate how effective any improvements were along with the general operation of the practice.

Systems for monitoring the on going fitness of clinicians to practice were in place so routine checks that registrations remained current or scheduled supervision and appraisal had occurred were completed. A process was also in place to make sure that medicine and other alerts were shared with all GPs and nurses and that these staff took the appropriate action. There was no evidence of forward planning within the practice around the need to review and update policies and check the accuracy of current risk management tools.

The providers actively encouraged patients to be involved in shaping the service and we found that the senior management team, and staff constantly used the information from patients to look at how to improve the service being delivered. This showed the provider had systems in place to assess, monitor and improve the quality of service provided people received.

Patient Experience & Involvement

The practice had an active Patient Participation Group (PPG) who met every six months. The main aim of the PPG is to ensure that patients are involved in decisions about the range and quality of services provided by the practice. We saw that GPs and the practice manager attended these meetings. We were told the practice was

proactive in supporting this group. We saw notes of PPG meetings and saw the practice had listened to and actioned suggestions for example about changes to the appointment system. Feedback from the group was that the patients felt that the practice was proactive and responsive and provided a good service.

Staff engagement & Involvement

We found that all of the staff we spoke with on the day of the inspection spoke enthusiastically about the support they received to carry out their role. We were told and we saw from minutes of meetings and newsletters that all feedback was shared with all staff groups. Regular meetings were held for all staff and we saw that an 'away day' had been held in October 2013 to discuss ideas about practice development. All staff told us that they were well supported and encouraged to raise concerns and were confident that concerns would be listened to and acted on.

Learning & Improvement

We found all practice staff had annual appraisals and supervision. We looked at samples of appraisal documents and saw that they included performance reviews, documented training requirements and personal development plans. We saw that all staff had completed induction training and had been encouraged and supported to obtain further qualifications to support their role. For example administration and reception courses. Some staff told us that they had struggled with the new IT system at the practice. When they raised this as a concern additional training and support had been provided.

We were told that the practice was closed one afternoon per month for training. All staff told us that they were provided with sufficient protected learning time.

Identification & Management of Risk

Risks were identified appropriately through effective governance systems within the practice. Risk assessments were in place and were reviewed as required in order to reduce the risk of harm to both patients and staff. The practice was in the process of developing a risk register. We saw that identified risks were discussed and actioned at the weekly clinical management meetings.

Are services well-led?

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

A system was in place to respond to safety alerts from external sources which may have implications or risk for the practice. These included NHS England, Medicines and Healthcare Products Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA).