

# Hatherleigh Medical Centre

## Quality Report

Pipers Meadow

Hatherleigh

Devon

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Hatherleigh Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	16

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out this announced comprehensive inspection at Hatherleigh Medical Centre on 20 February 2017. This was following a comprehensive inspection in April 2016 where the overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. We also performed a focussed follow up inspection in December 2016 to look at actions of warning notices made following the April 2016 inspection. The full comprehensive report for April 2016 and focussed follow up inspection in December 2016 can be found by selecting the 'all reports' link for Hatherleigh Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 20 February 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed and the provider had introduced a programme of risk assessments.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke with and comment cards we received showed patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The introduction of secure storage of patient's records and additional space provided for patients who wished to discuss issues privately at the reception area.

# Summary of findings

- Information about services and how to complain was clearer, more readily available and easier to understand. Improvements were made to the quality of care as a result of complaints and concerns.
  - A weekly review of staffing numbers and skill mix took place across both practices managed by the provider.
  - There were reported improvements in the culture and leadership. We were informed that more management tasks had been delegated and there was a sense of team developing. Staff said they were aware there were still improvements to be made but morale had improved with the provision of additional new staff.
  - The provider had changed their website, the poster outside the building and the patient information leaflet to ensure opening times were clear to patients.
  - The dispensary and medicines were well managed. Additional nursing and dispensary staff had been recruited and some dispensary staff had taken on additional areas of responsibility to relieve pressure from the GP and practice manager.
  - Patients said they found it easy to make an appointment with a named GP and there was continuity of care now that the locum GPs were more regularly employed.
  - The practice ran an open surgery between 9am and 10.30am and between 4pm and 5pm whereby patients were able to walk in and wait to see a nurse or GP without a pre booked appointment.
  - The practice held a three monthly diabetic outreach clinic where patients with complex diabetes could be reviewed by the visiting diabetic team from the Royal Devon and Exeter Hospital.
  - The service offered a 'Market clinic' where staff from the practice held an open surgery in the market in Hatherleigh once a year where anybody, including patients not on the practice registered list, could come and have blood pressure, blood glucose and any health queries checked. The practice staff then gave a report to take to the patient's own practice.
  - GPs carried out reviews of their registered patients who were in-patients at two community hospitals.
  - The practice had good facilities and was well equipped to treat patients and meet their needs.
  - Staff said there was a clear leadership structure in place and additional staff recruitment meant there was more support available. Staff said they felt more supported by management. The practice proactively sought feedback from staff and patients, which it acted on. A new PPG had been set up.
  - Improvements to the induction programme and locum pack meant staff were provided with the information needed to perform their roles. For example, the practice had identified mandatory training including safeguarding and infection control training.
  - The provider was aware of and complied with the requirements of the duty of candour.
- However, there were also areas of practice where the provider needs to make improvements.
- The Provider should:
- Continue to identify and review why exception reporting rates for depression are not within normal ranges.
  - Review written records to demonstrate the verbal action taken in regard of complaints.
  - Review audit records consistently to demonstrate learning points and possible improvements are routinely identified to measure change or improvement over time.
  - Review guidance to ensure security when email consultations take place.
  - Monitor the outcome of national patient survey results and take appropriate action.
- I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.
- 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?

At our inspection in April 2016, the practice was rated inadequate for providing safe services. We found that the provider needed to make improvements.

At this inspection we found the practice had improved its approach to safety with systems that ensured there was oversight of potential risks and monitoring in place to mitigate these. The practice is rated as good for providing safe services. Improvements showed;

- Risks to patients were assessed and included a programme of risk assessments.
- Additional staff had been recruited. These included GPs, a practice nurse and dispensary staff.
- There had been improvements to the format and content of recruitment records and staff training oversight.
- A weekly review took place of staffing numbers and skill mix across both practices managed by the provider.
- There had been improvements to the management of medicines and the dispensary.

Good



### Are services effective?

At our inspection in April 2016, the practice was rated requires improvement for providing effective services.

At this inspection there had been many improvements. We found the practice is now rated good for providing effective services. Improvements since the last inspection showed;

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The number of clinical audits had increased and demonstrated improvements in patient care.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Improvements to the induction programme and locum pack meant staff were now provided with the information needed to perform their roles. For example, mandatory training including safeguarding and infection control training.
- Staff had received appraisals.

Good



# Summary of findings

## Are services caring?

At our inspection in April 2016, the practice was rated requires improvement for providing caring services.

At this inspection we found the practice is rated as good for providing caring services. Improvements showed;

- The July 2016 national patient survey results remained lower than local and national averages. Patients we spoke with and comment cards we received showed that patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The provider had introduced secure storage of patient's records and an additional space for patients who wished to discuss issues privately within the reception area.
- Information about services had been updated and reviewed to make sure it was current and reflected the services provided.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was information about carers support services on the practice website.

Good



## Are services responsive to people's needs?

At our inspection in April 2016, the practice was rated requires improvement for providing responsive services.

At this inspection we found the practice is rated as good for providing responsive services. Improvements showed;

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- GPs carried out reviews of their registered patients in two local community hospitals.
- The service offered a 'Market clinic' where staff from the practice held an open surgery in the market in Hatherleigh once a year where anybody, including patients not on the practice registered list, could come and have blood pressure, blood glucose and any health queries checked. The practice staff then gave a report to take to their own practice.
- The provider had changed the website, poster outside the building and patient information leaflet to ensure opening times were clear to patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care now that the locum

Good



# Summary of findings

GPs were more regularly employed. The practice ran an open surgery between 9am and 10.30am and between 4pm and 5pm whereby patients were able to walk in and wait to see a nurse or GP without a pre booked appointment.

- The practice had good facilities and was well equipped to treat patients and meet their needs.

Information about services and how to complain was clearer, more readily available and easier to understand. Improvements were made to the quality of care as a result of complaints and concerns.

## Are services well-led?

At our inspection in April 2016, the practice was rated inadequate for providing well led services. We found that the provider needed to make improvements.

At this inspection we found the practice had started to improve its approach to leadership and was rated requires improvement for providing well-led services. Improvements showed;

- The leadership structure had improved in that the provider had employed additional dispensary staff and a practice nurse to help with the day to day running of the business. Locum GPs had been secured on a more consistent basis which increased the number of sessions offered. There were reported improvements in the culture and leadership. We were informed more management tasks were being delegated and there was a sense of team developing. Staff said there were still improvements to be made but morale had improved with the addition of new staff.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The governance framework had been improved and was starting to be embedded but not fully implemented to evidence the delivery of the strategy and good quality care. This affected areas such as improvements from audits, staff appraisals and patient survey results.
- Policies had started to be reviewed and the number of clinical audits had increased and demonstrated improvements in patient care.
- New storage facilities had been built for patient records and secure systems introduced to back up data.
- A room was now provided for patients to discuss issues confidentially with the receptionist or dispenser.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

**Requires improvement**



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. A new patient participation group had been formed.

# 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

- The practice ran complex care team meetings once a month, with the input of GPs, practice nurses, administrative staff, district nurses, physiotherapists and social workers.
- The practice participated in the admission avoidance enhanced service and reviewed patient cases on regular intervals.
- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There were weekly GP visits to the local care home.
- GPs carried out reviews of their registered patients in two local community hospitals.
- Podiatry (feet and ankle) clinics to monitor the health of patient's feet were run at the practice.
- End of life care patients were given the personal telephone number of the GP so they could access support and advice out of hours in addition to the out of hours provider.

### People with long term conditions

Good



The practice is rated as good for the care of people with long term conditions

- A new practice nurse had been employed and was leading the long term condition (LTC) management clinics with support from the GPs.
- Performance for diabetes related indicators were either comparable or slightly better than both the Clinical Commissioning Group and national averages.
- Longer appointments and home visits were available when needed.
- There were systems to review patients with LTCs.
- Patients with LTCs who were prescribed with a number of medicines had their records checked monthly to identify if they needed an invitation to have their health needs reviewed.
- Patients with long term conditions were given a care plan explaining their treatment and care needs.



# Summary of findings

- The practice held a three monthly diabetic outreach clinic where patients with complex diabetes could be reviewed by a specialist diabetic nurse from the Royal Devon and Exeter Hospital.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice participated in the admission avoidance enhanced service and reviewed patient cases at regular intervals.
- Podiatry (feet and ankle) clinics to monitor the health of patients feet were run at the practice and weekly physiotherapy clinics were also held to reduce the need for patients to travel to the nearest hospital.

## Families, children and young people

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

Good



- The practice's uptake for the cervical screening programme was 87% which was better than local and national averages of 82% and 81% respectively.
- The practice offered travelling health advice for young families.
- Contraception advice was offered.
- Patients were offered pre bookable Saturday morning appointments approximately three times a month.
- Email and telephone advice was available, although a policy regarding digital security had not yet been written.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Parents and carers were able to book joint appointments to discuss their needs and those of their children.

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

The practice is rated as good for the care of working age people (including those recently retired)

Good



- DVLA (driver and vehicle licensing agency) assessments were available.

# Summary of findings

- Extended opening hours offering appointments from 7.00am to 7.30pm and Saturday morning clinics were available and benefitted working patients.
- Patients could access pre bookable Saturday appointments.
- Patients could book appointments and request repeat prescriptions online
- Telephone consultations could be requested by email.
- Family planning advice was provided at an appointment of the patients' convenience.
- Patients could access email advice and advice over the telephone.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- All vulnerable patients were offered annual reviews , including assessment of physical health
- There was sign posting to appropriate support services.
- Patients could see the same clinician at the practice , helping with continuity of care
- Patients could access same day urgent appointment.
- All seriously ill patients were discussed amongst the clinicians so that the practice could respond better to their needs
- GPs and practice nurses worked well with complex care teams and social services.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, such as with the community matron.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Information about safeguarding contacts had recently been added to the locum GP pack.

Good



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

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

Good



# Summary of findings

- 90% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is better than the local average of 87% and national average of 84%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, such as local dependency and addiction clinics.
- Staff had received training about how to care for people with mental health needs.
- Performance for mental health related indicators was 94% of the total QOF points available, which was 5% above the CCG and national averages. Where there were exception reported ratings the practice had systems for ensuring patients were referred to support services appropriately.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Feedback from a local nursing home for people with dementia was very positive regarding the knowledge and compassion of the GPs.
- The practice offered blood tests for patients on high risk mental health medicines to save them a journey to the nearest hospital.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. 206 survey forms were distributed and 123 (60%) were returned. This represented 3% of the practice's patient list. Results from the survey showed;

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Two cards commented that sometimes the dispensary does not stock specific ad hoc medicines but they only have to wait until the next day. All comments about the care, staff and practice were complimentary.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients said that there had been a 'dip' in the standard of services last year but felt things had improved in recent months.

We looked at the friends and family results from November and December 2016. There were 11 responses. Nine were either likely or extremely likely to recommend the practice to friends and family. Two responses stated they were neither likely nor unlikely to recommend the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to identify and review why exception reporting rates for depression are not within normal ranges.
- Review written records to demonstrate the verbal action taken in regard to complaints.
- Review audit records consistently to demonstrate learning points and possible improvements are routinely identified to measure change or improvement over time.
- Review guidance to ensure security when email consultations take place.
- Monitor the outcome of national patient survey results and take appropriate action.

# Hatherleigh Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a CQC assistant inspector and a GP specialist adviser.

## Background to Hatherleigh Medical Centre

Hatherleigh Medical Practice provides primary medical services to people living in Hatherleigh and the surrounding areas. The practice provides services to a primarily older population and is situated in a rural location where many patient families are involved in farming. The village of Hatherleigh also serves a number of commuters, who work in the large towns with major hospitals approximately 30 miles from the practice. Both practices provide a service to approximately 3440 patients; 2140 of these use the services at Hatherleigh and 1300 at Shebbear.

The mix of patient's gender (male/female) is approximately 50% each. 11.6% of the patients are aged over 75 years old which is higher than the national average of 7.8%. 3.3% of the patients are over the age of 85 which is higher than the national average of 2.3%. There was no data available to us at this time regarding ethnicity of patients but the practice stated that the majority of their patients were white British. The deprivation score was recorded as 5, on a scale of 1-10. One being more deprived.

The practice is owned by two partners, the lead GP and a practice nurse, who also manages the practice. They took over Hatherleigh Medical practice as the registered providers in October 2015. The partners also have a second GP practice registered separately with CQC approximately

10 miles from the Hatherleigh practice. The partners also manage a separately CQC registered care home for 12 people. The partners hold managerial and financial responsibility for running the business.

The GP team consists of four GPs (three male and one female). In total the GPs provide 13 sessions of patient care. The GP provider also provides one session on three out of four Saturdays. The provider works at Hatherleigh five days a week but splits his time between Hatherleigh and Beech House Surgery on Wednesdays and Fridays. The provider has secured three long term locums to provide continuity for patients. One GP works regular sessions on Mondays, Wednesdays and Thursdays every week. The other GP locums work various sessions depending on demand and need.

A new practice nurse now works 30 hours per week at Hatherleigh Medical Centre and one of the partners works as a nurse practitioner in pre bookable sessions. The nurses are supported by a health care assistant who works flexible hours over two days. There are additional dispensary staff, reception staff, administrators and domestic staff.

Hatherleigh Medical Centre website and patient leaflet advertises opening times as Monday, Tuesday and Thursday from 8.30am until 6pm with a 1pm to 2pm session for lunch when calls are transferred to the out of hours provider. On Wednesdays and Fridays the website and leaflet state the practice shuts at 4pm and all calls are transferred to Beech House Surgery in Shebbear. Outside of the 8.30 and 6pm hours a service is provided by the out of hours provider, Devon doctors, by patients dialling the NHS111 service. Between 9am and 10.30am and between 4pm and 5pm the practice runs an open surgery whereby patients are able to walk in and wait to see a nurse or GP without a pre booked appointment. The practice has been

# Detailed findings

offering Saturday morning appointments if they were required since January 2016. These are not advertised in the patient leaflet or on the website but are offered as patients need them.

Routine appointments are available daily and are bookable up to two weeks in advance or further into the future according to the patient's wishes. Urgent appointments are made available on the day. Email and telephone consultations also take place.

Hatherleigh Medical Centre offers an on-site dispensing service for 2115 patients living outside of a one mile radius of Hatherleigh.

This report relates to the regulatory activities being carried out at:

Hatherleigh Medical Centre

Pipers Meadow

Hatherleigh

EX20 3JT

## Why we carried out this inspection

We carried out this announced comprehensive inspection at Hatherleigh Medical Centre on 20 February 2017. We had initially performed a comprehensive inspection of Hatherleigh Medical Centre on 14 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was then rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law by August 2016. We undertook a follow up inspection on 13 December 2016 to check that action had been taken to comply with legal requirements. The full comprehensive report on the April 2016 and follow up report on 13 December 2016 can be found by selecting the 'all reports' link for Hatherleigh Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Hatherleigh Medical Centre on Monday 20

February 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 February 2017. During our visit we:

- Spoke with eight members of staff including the practice manager, two GPs, two members of the nursing team and three reception/dispensary staff. We spoke with five patients who used the service and reviewed 27 comment cards.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.

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

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

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

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

## Detailed findings

- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

At our previous inspection on 14 April 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of medicines management and staff recruitment were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection in December 2016 and at this inspection on 20 February 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had introduced a system to monitor significant events and identify trends. A member of staff had now been designated to perform this role and had developed the system to identify trends and record actions taken. The member of staff explained this would be reviewed every six months. We saw that the last formal review had been carried out in the last week.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient who had the same name was mistaken for another patient by a member of staff. No harm came to the patient. In response to the incident the provider reminded staff to carry out additional checks and monitored performance to ensure checks took place.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and improved guidance for locum staff was now available within the locum pack. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and administration staff level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The new practice nurse had been appointed the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Six monthly infection control audits were undertaken. The most recent audit had resulted in the introduction of specific sharps bins to improve staff and patient safety in clinical areas.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing; the practice



## Are services safe?

was not an outlier in their prescribing performance. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw examples of these.

The practice had a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy premises. The practice was signed up to the Dispensing Services Quality Scheme (DSQS is a national quality patient safety scheme used by dispensaries). All members of staff involved in dispensing medicines had received or were undertaking appropriate training. We saw standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We found these had been updated and reflected the documents on their intranet. There were new dispensary staff who had been shown these documents on their induction and had been enrolled on dispensary training.

Medicines in the dispensary were stored securely and the date checking process ensured medicines were within their expiry dates. There were improved systems in place to monitor the temperature of all the fridges and staff took appropriate action if they recorded temperatures outside of normal ranges.

Staff used a bar code scanner to double check dispensed items matched what was prescribed to reduce the chance of errors. Any medicines incidents or 'near misses' were recorded, investigated and relevant learning shared to reduce the chance of reoccurrence.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had improved procedures in place to manage them safely, including their destruction.

At our last inspection we found issues with the management of one controlled drug and prescribing of controlled drugs several times for a family member over a period of four days in August 2016. Following improved awareness we saw no further occurrences of this prescribing had occurred.

Processes were in place for handling requests for repeat prescriptions, which included reviews of high risk medicines. Dispensary staff identified when a medicine's review was due and told us that they would alert the prescriber to ensure appropriate tests were carried out. The prescriber had to re-authorise the medicine before dispensary staff could issue a prescription. This process ensured patients only received medicines that remained necessary and promoted safety.

Staff dispensed some medicines into blister packs to help people with taking their medicines, and safe systems were in place for dispensing and checking these. Hatherleigh dispensary staff had been identified as highly competent in this role and as a result had also been appointed to perform this role for the Beech House Surgery at Shebbear.

- Since the last inspection the practice had introduced a system to monitor the expiry dates of medicines contained within the GP visit bag. The responsibility for this lay with the dispensary manager who stated the medicines had been removed from the doctor's bag and any medicines were requested by the GP and then dispensed through the dispensary.
- Improvements had been made to the documents used by health care assistants who were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber.

We reviewed four personnel files which had been reorganised since the last inspection and were easy to locate. Each member of staff had a file with dividers to separate the checks that had taken place. We found appropriate recruitment checks had been undertaken prior to employment on all staff including locum GPs. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice fire risk assessment had been performed and had resulted in a new fire

## Are services safe?

detection and alarm system being installed. A fire warden had been appointed who was responsible for coordinating fire safety systems. Risk assessments for the premises and Control of Substances hazardous to health (COSHH) had been performed. Calendar reminders had been introduced to remind staff to recheck these assessments.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The provider met informally once a week to discuss the clinics being held at the practice and staffing numbers and skill mix. An additional practice nurse, new receptionist and two dispensary staff had been recruited. The provider was also in the process of recruiting two additional GPs to work at the practice. Staff told us the additional staff had had a positive impact on the practice and patient care.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff were aware of how to use this system.
- We saw evidence to show that all staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection in April 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of alerts from staff training, induction, clinical audits and staff appraisal needed improving.

These arrangements had improved when we undertook a follow up inspection in December 2016 and on 20 February 2017. The provider is now rated as good for providing effective services.

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 95% of the total number of points available which compares with the national and CCG average of 95%. The practice were comparable (6.1%) with national (5.7%) and CCG (6.2%) overall averages for exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). However, during the inspection it was noted that exception reporting for depression (81%) indicators were high. Following

discussion with the practice it was identified this was possibly due to a computer identification (coding) issue. The provider stated this would be addressed as a matter of priority.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators were similar to the national average. For example, the percentage of patients with diabetes who had a blood sugar recording level within normal limits was 82% compared with the CCG average of 81% and national average of 78%
- Performance for mental health related indicators were comparable with local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed care plan in place was 94% compared to the CCG average of 87% and national average of 89%.

Our findings showed that the GP had performed ten audits in the last year which were used to monitor clinical outcomes for patients. New computer software was being used to set up systems to audit and monitor chronic disease management. Audits were also being performed on high risk medicines to ensure patient safety. For example, searches had identified patients who had missed their treatment or blood monitoring. The results of the audits were shared with other GPs and nurses who worked in the practice and were stored within a folder for easy access. The results were also discussed at regular clinical meetings with minutes kept for reference. The practice had not currently completed repeat cycle audits which measured change or improvement over time but had a plan to improve in this area.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. The induction training programme had been redesigned and now covered practice identified training including safeguarding training and infection control training.
- A new locum pack had been written and contained guidance on what to do if a member of staff had concerns about a patient's welfare. This guidance included contact details of the local safeguarding teams.

# Are services effective?

## (for example, treatment is effective)

- The appraisal programme had started since our last inspection and by the time of issuing the report had been completed on all but two staff. The remaining two staff were on long term sick leave. New staff had received probation reviews. Staff also added that they received support informally on a day to day basis and that this had improved with the addition of new GPs and practice nurse.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The new practice nurse had started a diabetic training course to enable her to take on the management of patients with diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff explained that their learning needs were identified through informal discussion, meetings and reviews of practice development needs. Staff said they had access to appropriate training to meet their learning needs and to cover the scope of their work and received appropriate clinical support for the GPs and management. This included ongoing support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff explained the most recent in house training had included handwashing and chaperone training.

The practice manager had developed a spreadsheet to keep an overview of staff training. Staff said the practice manager provided regular reminders to staff if they had not performed training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw the Registered Manager performed daily and weekly checks on the administrative tasks to ensure all processes had been followed up or completed. This included referrals to secondary care. A log book had been set up to monitor this process ensuring patients received appointments after a referral had been made.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The GPs and nurses worked with health professionals to coordinate patient care. For example, the diabetic specialist nurse from the Royal Devon and Exeter hospital attended the practice every three months to treat and discuss patients with complex diabetes.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 87%, which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example 76% of females between the ages of 50-70 had been screened for breast cancer in last 36 months compared with the national average of 72%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% compared to the CCG average of 90% and five year olds from 82% to 100% compared to the CCG average of 96% to 99% and national average of 88% to 94%.

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

# Are services caring?

## Our findings

At our previous inspection in April 2016, we rated the practice as requires improvement for providing caring services as there was inaccurate and out of date information provided for patients and patient satisfaction was lower than CCG and national averages.

These arrangements had improved when we undertook a follow up inspection in December 2016 and on 20 February 2017. The provider is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception and dispensary staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey from July 2016 showed patients scored the practice lower than other GP practices for its satisfaction scores on consultations with GPs but higher for nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 80% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%).
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%)
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%).
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%)

The practice manager was aware of these lower than average national results. The practice now had a patient participation group which the provider said would help with patient feedback. Patients we spoke with and the 27 comment cards we reviewed reflected improvements in the level of service in recent months.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded lower than national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)



## Are services caring?

We spoke with the provider about these results. They informed us that since July, additional staff had been recruited, relieving the pressure on existing GPs and staff.

Patients we spoke with and the 27 comment cards said that patients liked the GPs and nurses at the practice and felt fully involved in their care.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. A shortcut on the computer system had been introduced so staff could access the translation and interpretation services.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. These had recently been updated to ensure all support and advice reflected current guidance. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 46 patients as carers (About 2.1% of the practice list). We found the practice website had been updated and included a link to the Devon carers service. The GP was encouraging staff to update the computer system when a new carer was identified. The practice did not provide written information to give to carers although some leaflets available in the practice were relevant to the needs of carers.

Staff told us that if families had suffered bereavement, the GP usually contacted them and was either followed by a patient consultation.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection in April 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of complaints and patient access needed improving.

These arrangements had improved when we undertook a follow up inspection in December 2016 and on 20 February 2017. The provider is now rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Between 9am and 10.30am and between 4pm and 5pm the practice runs an open surgery whereby patients are able to walk in and wait to see a nurse or GP without a pre booked appointment.
- The practice has been offering Saturday morning appointments if they were required since January 2016. These are not advertised in the patient leaflet or on the website but were offered if patients needed them.
- There were longer appointments available for patients who needed them and parents could book longer appointments so they could discuss their illnesses as well as their children's.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The lead GP gave their personal telephone number for patients at the end of their life.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was accessible and services were provided on one level. A risk assessment had resulted in providing a disabled parking spot which provided easier level access to the practice.
- The practice held a three monthly diabetic outreach clinic where patients with complex diabetes could be reviewed by the diabetic specialist nurse from the Royal Devon and Exeter Hospital.

- The service offer a 'Market clinic' where staff from the practice hold an open surgery in the market in Hatherleigh once a year where anybody, including patients not on the practice registered list, could come and have blood pressure, blood glucose and any health queries checked. The practice staff then gave a report to take to their own practice.
- The GPs carried out reviews of their registered patients who were in-patients at two community hospitals.

### Access to the service

The practice was open between 8.30am and 6pm on Monday, Tuesday and Thursday and between 8.30am and 4pm Wednesday and Friday. The practice was shut between 1pm and 2pm for lunch. Calls were managed by the out of hours provider as part of an agreed contract. On Wednesday and Friday all telephone calls from 4pm were diverted to Beech House practice in Shebbear. Pre bookable extended hour appointments were offered on Saturdays approximately three times a month. In addition to pre-bookable appointments that could be booked up to two weeks in advance, the practice offered a 'drop in' clinic each morning. Parents could book longer appointments to discuss issues relating to them and to their children. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey in July 2016 showed that patient's satisfaction with how they could access care and treatment was mixed compared to local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 91% of patients stated that the last time they wanted to see or speak with a doctor or nurse were able to get an appointment compared with the national average of 76%.

We looked at the friends and family results from November and December 2016. There were 11 responses. Nine were either likely or extremely likely to recommend the practice to friends and family. Two responses stated they were neither likely nor unlikely to recommend the practice.



# Are services responsive to people's needs?

(for example, to feedback?)

In response to survey results there had been an increase in sessions provided by the GPs and nurses through the introduction of an additional practice nurse and more consistent employment of locum GPs. Patients told us on the day of the inspection that they were able to get appointments when they needed them. Patients also told us they appreciated the 'drop in' clinics offered at the practice and said they were aware of the opening times.

We saw the website and patient information leaflets had been amended to show that the practice shut early on Wednesdays and Fridays but that patients could be seen by the same GPs at Beech House Surgery, Shebbear. Information had also been amended to show that before 8.30 am and after 6pm patients could access treatment and advice using the out of hours provider. This was in line with local contractual arrangements.

The practice had a system in place to assess:

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

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

## Listening and learning from concerns and complaints

The practice had improved the system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We saw improvements in the information provided on how patients could complain. Additional information had now been included on the practice website. Posters and leaflets were now available in the reception area informing patients how to complain.

- We looked at two complaints received since our last inspection and found these had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons had been learnt from individual concerns and complaints. The manager had recently introduced a new summary of complaints which would allow an analysis of trends and show action taken. We noted one complaint did not clearly demonstrate the verbal acknowledgement of the complaint. The practice manager amended this immediately.

# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection in April 2016, we rated the practice as inadequate for providing well-led services as there was no overarching governance structure and no clear leadership arrangements.

We issued a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service in December 2016. At the inspection in December 2016 we found there were no assurances provided of how the management of the two GP locations, considering the geography of the locations coupled with the clinical commitments of the partners and use of locum staff, would provide safe, effective, caring, responsive and well led services.

At this inspection in February 2017 we saw many improvements had been made. The provider was aware there were still improvements required to fully embed processes regarding the governance and management of the practice.

### Vision and strategy

- The provider had a vision to deliver high quality care and promote good outcomes for patients but added their focus over the last 10 months had been to work with NHS England, the CCG and Local Medical Committee to improve services at the practice. The provider and practice manager were aware there was still more improvement required.
- The practice had a strategy and supporting business plan which reflected the vision and values and were regularly monitored. We saw evidence of financial investment within the practice. For example, the recruitment of additional clinical staff, provision of disabled parking bay, fire detection system and addition of secure storage of records.

### Governance arrangements

The practice had begun to introduce a governance framework which supported the delivery of the strategy and good quality care. The practice recognised these were not yet fully embedded and had systems and processes in place to make further improvement. To help with this process reminders to review these systems had been included in the practice manager's calendar. The structures and procedures introduced ensured that:

- There were systems in place to ensure sufficient numbers of staff and a clear staffing structure were in place.
- Staff were aware of their own roles and responsibilities. The provider had delegated lead roles to other members of staff. For example, fire warden, significant event lead, infection control lead and a representative for the patient participation group.
- Practice specific policies had been implemented and were available to all staff with systems to keep these under review.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements and was being developed further following the introduction of additional staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Areas for on-going improvement included;

- Completion of the appraisal programme.
- Continued identification and review of exception reporting for depression.
- Continued review of written records to demonstrate the verbal action taken in regard to complaints.
- Review guidance to ensure security when email consultations take place.
- Monitor the outcome of national patient survey results and take appropriate action.

### Leadership and culture

Since the last inspection the provider had delegated roles and responsibilities to other staff within the practice to ensure they had the capacity and capability to run the practice. The providers were aware of their responsibility to maintain the improvements made since the last inspection, in addition to running the second GP practice and care home. Staff told us the partners had been more approachable in recent months. Staff said they felt the leadership had improved in recent months and the team was more settled. Staff explained the practice manager and GP were more receptive to new ideas and suggestions.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners

# Are services well-led?

Requires improvement 

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

encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice had started to keep written records of verbal interactions as well as written correspondence, although these were not all consistent.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. We saw a schedule for these meetings and staff added that they had found these very useful. Staff said there was an eagerness for staff to attend these meetings so they could voice any concerns, ideas or feedback.
- Staff told us the culture and morale had improved in recent months and felt the team had bonded.
- Staff said they felt more respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

## Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had developed a patient participation group (PPG). We spoke to the chairperson of the PPG who told us the last meeting had involved seven members. Posters displayed in the waiting room encouraged new members to join. The PPG chair said they were hoping to recruit more members at the next meeting and said the group was still in its infancy but they had good communication with patients and felt supported by the practice manager and GP. The PPG demonstrated a clear understanding of how the group could promote positive change for patient outcomes.
- The practice had gathered feedback from staff through informal discussion and through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt more involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous improvement within the practice. Changes and improvements had been made since the last inspection and were starting to be implemented and embedded fully. The provider was aware that the challenge was to maintain these changes whilst improving and maintaining standards in the other practice and care home.