

# Latchford Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Latchford Medical Centre on 20 July 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Staff clearly understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and the provider could clearly demonstrate that action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- There were robust systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical staff were well supported to keep up to date with changes to best practice and to share their learning.
- Feedback from patients about the care and treatment they received from clinicians was highly positive. Patients told us they were treated with dignity and respect and were involved in decisions about their care and treatment.
- Data showed that outcomes for patients at this practice were similar to or better than outcomes for patients locally and nationally.
- Staff felt well supported and they were kept up to date with appropriate training. Staff we spoke with told us they had the skills, knowledge and experience to fulfil their roles and responsibilities.

# Summary of findings

- The majority of patients we spoke with said they had no difficulty in making an appointment and they felt there had been improvements to the appointment system and their experience of reception staff over the past year.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- The provider actively sought feedback from patients and acted upon it to improve patients' experiences of the service. This included the practice having and consulting with a patient participation group (PPG).
- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner. Action had been taken to improve the service in response to complaints.
- The practice had a clear vision to provide a safe and high quality service.

- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.

We saw areas of outstanding practice:

- The provider demonstrated a high level of drive and commitment to learn from incidents, use information, data and feedback to drive improvements and provide high quality care and treatment.
- The practice had good protocols and practices in place to share information and promote the safeguarding of vulnerable children.
- The practice operated a policy whereby they called all patients who had not attended their appointment to ensure they were safe.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff clearly understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Events were thoroughly investigated and learning from events was shared. Timely action was taken and robust systems were introduced to prevent a re-occurrence.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support staff to do this was widely available throughout the practice. Close links had been made with partner agencies to share safeguarding concerns and information.
- Risks to patients were assessed and well managed.
- Infection control practices were carried out appropriately and in line with best practice guidance.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- The practice had a well-established staff team. We looked at a sample of staff recruitment records and found that appropriate pre-employment checks had been carried out for staff at all levels to ensure suitability.
- Systems for managing medicines were safe and effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.

# Summary of findings

- The practice monitored its performance data and had good systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to and in some cases higher than those locally and nationally.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Regular clinical meetings were held with a scheduled programme of topics and agenda items.
- Clinical audits were carried out to drive improvement in outcomes for patients. These were linked to best practice guidance, performance data and in response to significant events.
- Staff felt well supported and they had the training, skills, knowledge and experience to deliver effective care and treatment.
- A system of appraisal was in place and staff attended regular meetings.

## Are services caring?

The practice is rated as good for providing caring services.

- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us highly positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Patients told us they felt the clinicians knew them well and they had good consistency of support.
- Data from the national patient survey showed that patients generally rated the practice comparable to or better than others locally and nationally for aspects of care. For example, having tests and treatments explained to them and for being treated with care and concern.
- The practice operated a policy whereby they called all patients who had not attended their appointment to ensure that they were safe.
- Information for patients about the services available to them was easy to understand and accessible.

Good



# Summary of findings

- The practice maintained a register of patients who were carers in order to tailor the services provided. For example to offer them health checks and immunisations. A carers' notice board was provided and carers were signposted to support services.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG) and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The practice was working to an action plan to improve the appointments system in response to feedback from patients. The majority of patients we spoke with said they did not find it difficult to get an appointment and the appointment systems was flexible and responsive to their needs. Urgent and routine appointments were available the same day and routine appointments could also be booked in advance
- The practice worked as part of a cluster of practices to enable patients to access primary care outside of core hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Feedback from patients about the premises had been or was being acted upon.
- Information about how to complain was available and the practice responded quickly to issues raised. The learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- There were robust systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and to monitor and improve quality.
- The practice had a range of effective policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

# Summary of findings

- The practice had a robust system in place for responding to safety alerts to ensure the information was shared and that appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and they gave us examples of how the practice had made changes in response to their feedback.
- There was a clear focus on continuous learning, development and improvement linked to outcomes for patients. The challenges and future developments of the practice had been considered.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population.
- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- The practice provided a range of enhanced services, for example, the provision of care plans for patients over the age of 75 and the screening of patients for dementia.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or better than local and national averages. For example, the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness was 96% compared to the national average of 89%.
- GPs carried out regular visits to local care homes to assess and review patients' needs and to prevent unplanned hospital admissions.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- Practice staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs.

### People with long term conditions

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

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.



# Summary of findings

- Regular, structured health reviews were carried out for patients with long term conditions and in line with best practice guidance.
- Patients were provided with advice and guidance about prevention and management of their health and were signposted to support services.
- Data from 2014 to 2015 showed that the practice was performing in comparison with or better than other practices nationally for the care and treatment of people with chronic health conditions such as diabetes. For example, the percentage of patients with diabetes, on the register, who had had an influenza immunisation was 97% compared to a national average of 94%.
- One of the practice nurses was the diabetes lead nurse with the CCG and one of the GPs held a post graduate qualification in Diabetes. Patients could be provided with insulin initiation by the practice nurse which reduced the need for referral to secondary care.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- One of the practice nurses was a 'Cancer Champion' who ensured that patients were involved in a plan of care following initial diagnosis. It was also the champion's role to signpost patients to the right support services.
- The practice provided an in house phlebotomy service which was convenient for patients especially those requiring regular blood monitoring.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included these patients having a care plan, a review of their medicines and a named GP.
- The practice monitored unplanned hospital admissions.
- Regular clinical meetings were held to review the clinical care and treatment provided and ensure this was in line with best practice guidance.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



# Summary of findings

- A GP was the designated lead for child protection. A designated member of staff was responsible for liaising with the local authority to ensure the practices' register of vulnerable children was up to date. Another member of staff was responsible to ensuring the GPs provided reports for case conferences.
- Regular meetings had been introduced with midwives and health visitors to discuss child protection concerns.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures. They provided examples of when and how they had acted upon concerns.
- Family planning and contraceptive services were provided.
- Child health surveillance clinics were provided for 6-8 week olds.
- Child immunisation rates were comparable to the national average for all standard childhood immunisations. Opportunistic immunisations were given to encourage uptake. The practice monitored non-attendance of babies and children at vaccination clinics and reported any concerns appropriately.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 78% which was comparable to the national average of 81%.
- Babies and young children were offered an appointment as priority and appointments were available outside of school hours.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person
- The practice was part of a cluster of practices whose patients could access appointments at a local Health and Wellbeing Centre up until 8pm in the evenings Monday to Friday, and from 8am to 8pm Saturdays and Sunday mornings, through a pre-booked appointment system.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. Screening uptake for people in this age range was lower than local and

Good



# Summary of findings

national averages. For example 69% of females aged 50-70 had been screened for breast cancer in the last three years compared to a national average of 72%. The practice was aware of the lower than average uptake rates and had actively contacted patients to improve this for bowel screening with the intent of rolling this out for breast screening.

- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

## 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 in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- The practice had a designated lead for patients with a learning disability.
- Staff were aware of their responsibilities with regards to child and adult protection including, information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice operated a policy whereby they called all patients who had not attended their appointment to ensure they were safe.
- The practice was accessible to people who required disabled access and facilities and services such as a hearing loop system (used to support patients who wear a hearing aid) and translation services were available.
- The practice hosted a range of support services on a regular basis. For example, dietician, smoking cessation, Citizens Advice Bureau (CAB). A dedicated assistant practitioner social worker was attached to the practice to offer support to vulnerable patients in the community and to signpost patients to appropriate services.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- The practice had a designated lead for mental capacity.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were similar to or better than local and national averages. For example, data showed that 96% patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This compared to a national average of 84%.
- The practice provided an enhanced service to proactively offer assessment to patients at risk of dementia and to improve the quality and effectiveness of care provided to patients with dementia.
- Staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs.
- The practice referred patients to appropriate services such as psychiatry and counselling services and had shared care arrangements with psychiatric services for prescribing medicines.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations and the practice hosted a cognitive behavioural therapist.

# Summary of findings

## What people who use the service say

The results of the national GP patient survey published on 7 January 2016 showed the practice was performing similar to other practices for patients' experiences of the care and treatment provided and their interactions with clinicians. The practice scored lower than local and national averages for questions about patients' experiences of making an appointment. There were 374 survey forms were distributed and 95 were returned which equates to a 25% response rate. The response represents approximately 1.4 % of the practice population.

The practice received scores that were comparable to or higher than the Clinical Commissioning group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the GPs.

For example:

- 92% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 88%.
- 94% said the last nurse they spoke to was good at listening to them (CCG average 92% national average 91%).
- 94% said the last GP they saw gave them enough time (CCG average 89%, national average 86%).
- 95% said the last nurse they saw gave them enough time (CCG average 94%, national average 91%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 96% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

Overall, the practice scored lower than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 55% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 60% and a national average of 73%.
- 61% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 72% were fairly or very satisfied with the surgery's opening hours (CCG average 73%, national average 78%).
- 75% found the receptionists at the surgery helpful (CCG average 84%, national average 86%).
- 22% said they always or almost always got to see or speak to their preferred GP (CCG average 30% national average of 36%).

The practice was working to an action plan to improve patients' experiences of making an appointment in response to feedback. Patients we spoke with on the day of the visit told us they had seen improvements in access and in their interactions with reception staff particularly over the past 12 months.

A similar to average percentage of patients, 87%, described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 82% and a national average of 85%.

We spoke with ten patients during the course of the inspection visit and they told us the care and treatment they received was good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards. All of these were very positive about the standard of care and treatment patients received. Staff were described as; 'professional', 'well trained', 'approachable', 'helpful', 'friendly', 'considerate', 'patient orientated' and 'excellent'.

# Summary of findings

## Areas for improvement

## Outstanding practice

- The provider demonstrated a high level of drive and commitment to learn from incidents, use information, data and feedback to drive improvements and provide high quality care and treatment.
- The practice had good protocols and practices in place to share information and promote the safeguarding of vulnerable children.
- The practice operated a policy whereby they called all patients who had not attended their appointment to ensure they were safe.

# Latchford Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Latchford Medical Centre

Latchford Medical Centre is located in Latchford, Warrington, Cheshire. The practice was providing a service to approximately 6,400 patients at the time of our inspection.

The practice is part of Warrington Commissioning Group (CCG) and is situated in an area with higher than average levels of deprivation when compared to other practices nationally. The practice population is made up of a higher than average percentage of patients aged 0-9 years and working age people aged 25-39 years. The practice has a lower than average elderly population. The percentage of patients with a long standing health conditions is lower than the local and national average.

The practice is run by three GP partners. There is an additional salaried GP (two male and two female). There are two practice nurses, one health care practitioner, one health care assistant, a practice manager and a team of reception/administrative staff.

The practice is open from 8am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. Patients could access

a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sunday mornings pre-booked appointment.

Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

The practice is a training practice for trainee GPs and foundation year doctors.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice has a Personal Medical Services (PMS) contract. The practice provides a range of enhanced services, for example: childhood vaccination and immunisations, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 July 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, a health care practitioner, the practice manager, reception and administrative staff.
- Spoke with patients who used the service and met with members of the patient participation group (PPG).
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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
- 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

### Safe track record and learning

There was a robust system in place for reporting, recording and responding to significant events. Staff were clear about how to report events and felt confident to do so. The provider was aware of their responsibilities to report 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). 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.

The system in place for dealing with significant events was clear and robust and the provider was able to readily demonstrate the actions taken to prevent the re-occurrence of an event. The practice carried out a thorough analysis of significant events and they were discussed at a weekly practice meeting. We found that the learning from significant events had been disseminated and implemented into practice. The learning from events was also shared with other relevant agencies.

The system in place for responding to patient safety alerts was clear and robust and the provider was able to readily demonstrate the actions taken in response to alerts. The information had been disseminated appropriately and action had been taken to make any required changes.

### 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 them from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. The practice had a designated team who had set

responsibilities for safeguarding. This included; one of the GPs being the overall lead for safeguarding; a designated member of staff with responsibility for liaising with the local authority to ensure the practices' register of vulnerable children was up to date; a member of staff with responsibility to ensure the GPs provided reports for case conferences. The lead safeguarding nurse for the CCG provided confirmation that the practice had good safeguarding children processes and high compliance with conference report requests. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and some staff provided examples of when they had raised safeguarding concerns. The practice had introduced a quarterly safeguarding meeting with health visitors and midwives to discuss concerns and children identified as at risk. A 'Safeguarding' notice board was located in the waiting area providing patients with information and advice about safeguarding matters and support agencies.

- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the practice had achieved high scores and we saw evidence that action was taken to address any improvements required as a result of the audits. The last audit was carried out in September 2015 and the practice had achieved 97% compliance.

## Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. The practice had a designated prescribing lead and a medicines management co-ordinator. Patient Group Directions had been adopted by the practice to allow nurses 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. There was a robust system to ensure the safe issue of repeat prescriptions. Patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and staff attended regular meetings with the Clinical Commissioning Group (CCG) to look at prescribing issues across the locality and how these could be improved. Medicines prescribing data for the practice was generally comparable to national prescribing data and action was to improve prescribing where this was not the case. A system was in place to account for prescriptions and they were stored securely.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to the employment of all staff. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the DBS. A system was in place to ensure periodic checks of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council) to ensure suitability of staff.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- The practice had an up to date fire risk assessment and fire safety checks and practices were carried out at regular intervals. A recent fire safety report had highlighted that the fire alarm required updating and this was an action for the provider to address.
- The practice had a variety of other risk assessments in place to ensure the safety of the premises such as

infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The measures to prevent Legionella did not include regular checking of water temperatures. The practice manager implemented a new process for this with immediate effect during the course of the inspection visit.

- 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 of the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- All staff had received annual basic life support training.
- The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a robust system in place to ensure the medicines were in date and fit for use and this included medicines in doctor's bags.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- Systems were in place to record accidents and incidents.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The clinicians assessed patients' 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. NICE provides evidence-based information for health professionals.

Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice had a policy and procedure for the implementation of NICE guidance that detailed who was responsible for disseminating the guidance, for providing updates and training and ensuring it was implemented into practice. There was a planned schedule of weekly clinical meetings and some of these were used for training purposes and for staff to share best practice, NICE guidance updates and the learning they had received from other training and events. Some of the meetings included guest speakers.

The practice monitored the implementation of best practice guidelines through regular (weekly) clinical meetings, through the monitoring of data and through a programme of audits.

GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. GPs demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers. Robust systems were in place to consolidate the referrals made to secondary care, to ensure hospital discharge letters were acted upon and to ensure all tests results had been received at the practice and had been acted upon.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

Clinicians attended a weekly meeting to discuss clinical matters. This included periodically reviewing the care and treatment provided to patients with complex needs.

### Management, monitoring and improving outcomes for people

The practice used information collected for the Quality 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 99.9% of the total number of points available. The exception reporting rate (reporting for the number of patients excluded from the results) was below average at 4.5%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed;

- Performance for diabetes related indicators were generally higher than the Clinical Commissioning Group (CCG) and national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% compared to a CCG average of 82% and a national average of 88%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 85% compared to a CCG average of 81% and a national average of 80%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 96% compared to a CCG average of 91% a national average of 89%.
- The performance for mental health related indicators was comparable to or in some cases higher than the national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 96% (CCG average 85%, national average 84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 100% (CCG average 92%, national average of 88%).

Information about outcomes for patients was used to make improvements. For example, the practice had been identified as a higher than average prescriber of hypnotics (01/07/2014 to

# Are services effective?

## (for example, treatment is effective)

30/06/2015). An audit into hypnotics prescribing had been carried out and procedures had been implemented to reduce the prescribing of these drugs.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. The practice had a planned programme of audit linked to their data about outcomes for patients, best practice guidance and local and national objectives. The audits we looked at were of a good quality and were completed two cycle audits that demonstrated improvements to care and treatment. For example audits into the prescribing of antibiotics and warfarin monitoring had shown improvements to prescribing practices and patient care.

The practice provided an in house phlebotomy (taking blood for tests) service four to five days per week.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had access to and made use of e-learning training modules and in-house training. There was a training plan in place to ensure staff kept up to date with their training needs. Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. Other topics included dementia and mental health.
- Staff had been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.

- Clinical staff held lead roles in a range of areas of work. These roles included; palliative care, safeguarding, promoting the health care needs of patients with a learning disability, mental capacity, safeguarding, clinical governance, complaints and a cancer champion.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff and staff were up to date with this. Appraisal provides staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings GPs attended meetings with the CCG and federation and cluster meetings. Practice nurses attended local practice nurse forums. One of the practice nurses was the diabetes lead nurse for the CCG and was also trained as a 'cancer champion' to support patients following diagnosis of cancer. The practice was closed for one half day per month to allow for 'protected learning time' which enabled staff to attend meetings and undertake training and professional development opportunities.
- The practice was a training practice. We spoke with a trainee GP who gave us very positive feedback about the quality of the training and support provided by the GPs.

### 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 intranet system. This included care plans, medical records, investigations and test results. Information such as NHS patient information leaflets were also available.

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 people moved between services, including when they were referred, or after they were discharged from hospital. Clinical meetings took place on a regular basis and the care and treatment plans for patients with complex needs care were reviewed at these.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the

# Are services effective?

## (for example, treatment is effective)

support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. This included the practice holding monthly multi-disciplinary meetings to review the needs of patients receiving end of life care.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. As part of this the practice had developed care plans with the highest risk patients to prevent unplanned admissions to hospital and they monitored unplanned admissions.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- There was a lead member of staff for Mental Capacity and Deprivation of Liberty (DoLS).
- When providing care and treatment for children and young people, staff were aware of their responsibility to carry 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 clinicians assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice provided advice, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and those at risk of developing a long-term condition. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.

- The practice offered national screening programmes, vaccination programmes and long term condition reviews. The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were generally comparable to those nationally. However, the uptake figures for national screening programmes were lower than the national average. For example, the latest published figures showed that 49% of patients aged 60-69, had taken up screening for bowel cancer in the 30 months compared to a national average of 58%. The practice had taken action to improve this by making direct contact with patients who had not taken up the screening. They informed us that the uptake had since increased by 17% as a result. They intended to roll out the same protocol for breast and cervical screening to improve uptake in these areas.
- There was a policy to offer reminders for patients who did not attend for their cervical screening tests. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 99% and five year olds from 84% to 97%. Practice nurses followed up patients who had not attended for child immunisations and reported concerns to relevant partner agencies.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Health promotion information was available in the reception area and on the practice website. Information and advice was available about how patients could access a range of support groups and voluntary organisations.

## Are services effective?

(for example, treatment is effective)

- The practice had links with health promotion services and recommended these to patients, for example, alcohol services, weight loss and exercise programmes. Cognitive behavioural therapy, smoking cessation and dietician services were hosted at the practice.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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 and that conversations taking place in these rooms could not be overheard. The reception area was open to the main waiting area and not particularly conducive to private conversations. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 34 comment cards we received were highly positive and complimentary about the caring nature of the service provided by the practice. Patients said they felt the practice offered an 'excellent' and 'caring' service and staff were helpful and treated them with dignity and respect. Patients' feedback and comments described staff as; 'professional', 'well trained', 'approachable', 'helpful', 'friendly', 'considerate', 'patient orientated' and 'excellent'. During discussions with staff that they consistently demonstrated a patient centred approach to their work. Some staff spoke about their commitment to providing a good service to the local community.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between January to March 2015 and July to September 2015. The practice scored similar to or higher than average when compared to Clinical Commissioning Group (CCG) and national scores, for patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 94% of respondents said the last GP they saw gave them enough time compared to a CCG average of 89% and a national average 86%.
- 91% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 87 %, national average 85%).

- 95% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%).
- 88% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (CCG average 90%, national average 90%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 96% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98%, national average 97%).

The practice scored lower than local and national averages with regards to the helpfulness of reception staff as 75% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 84% and a national average of 86%. However, during discussions with members of the patient participation group (PPG) and other patients they told us they had seen notable improvements to the reception team over the past 12 months and that their interactions were now more positive.

The practice scored higher than average, 87% for patients describing their overall experience of the practice as 'fairly good' or 'very good' (CCG average 82%, national average 85%).

We met with six members of the PPG. They told us they felt listened to and actively involved in areas of development. The PPG had been instrumental in arranging tea party for patients over the age of 75 to help raise awareness of risks and ill health prevention over the winter period. Talks provided at the event included; falls awareness, common health conditions and local support services. A high turnout of patients had attended the event and patient feedback was that the event had been a real success.

Members of the PPG told us the practice was a caring practice and that staff always provided a good level of information and explanation about their conditions and treatment options. We also spoke with an additional four patients who were attending the practice at the time of our inspection. All patients we spoke with gave us highly positive feedback about the caring nature of staff in all roles, including both clinical and non-clinical staff.

The provider gave us some examples of the caring nature of staff and their work with other health and social care professionals in supporting vulnerable patients.

# Are services caring?

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

Patients we spoke with told us they felt listened to and very much involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice had generally scored higher than local and national averages for patient satisfaction in these areas. For example:

- 92% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 90% and a national average of 88%.
- 94% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92%, national average of 91%).
- 93% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%).
- 87% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90%, national average of 89%).
- 88% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 82%, national average of 81%).
- 88% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 85%, national average of 85%).

Staff told us that translation services were available for patients who did not have English as their first language. A

notice in treatment rooms included a range of languages to advise patients of their rights to an interpreter. The practice's website provided information in a wide range of languages.

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

Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available at the practice and on the practice's website.

The practice maintained a register of carers and at the time of the inspection there were 27 carers on the register. Carers were contacted annually to check if they were still carers and to ask if they required any particular support. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu immunisations and health checks. A carers' notice board was provided in the waiting area and written information was available to direct carers to the various avenues of support available to them.

There was an assistant practitioner social worker attached to the practice, to offer support to vulnerable patients in the community and signpost patients to appropriate services.

Patients receiving end of life care were signposted to support services. The provider told us that bereaved families were always contacted and offered condolences and signposted to bereavement services.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for patients with a learning disability and people with multiple health conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Requests for home visits were reviewed by the duty doctor who assessed whether a home visit was clinically necessary and the urgency of the need for medical attention. Clear protocols were in place for managing home visits and clinical and non-clinical staff were aware of their responsibilities.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. Patients could access a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sunday mornings by pre-booked appointment.

The practice had initiated an action plan to improve patients' experience of making an appointment. This was in response to patient feedback. Patients told us they had seen improvements to this aspect of the service and the vast majority of patients we spoke with told us they had no difficulty in getting an appointment. The appointments system was flexible and provided a range of urgent and routine appointments that could be booked on the day or in advance.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were lower than local and national averages. For example:

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 55% compared to a CCG average of 60% and a national average of 73%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 72% (CCG average 71%, national average of 78%).
- 63% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 70%, national average 76%).
- 61% of patients described their experience of making an appointment as good (CCG average 68%, national average 73%) and 25% described their experience of making an appointment as poor (CCG average 17%, national average 12%).

Improvements to access and the appointments system had been made since the time of the national patient survey and the feedback we received on the day was that the improvements had made a difference to patients' experience of getting an appointment. The improvements included; an increase in the number of telephone lines, the employment of additional staff, the introduction of text message confirmation of appointment, reminder and cancellation, a call to all patients who did not attend their appointment, implementation of a daily cancellation list, encouraging patients to use on line booking and changes to the appointments booking system.

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Reasonable

# Are services responsive to people's needs?

(for example, to feedback?)

adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available. Baby changing facilities were not provided but the provider told us they were intending to address this.

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

The practice had an effective system in place for handling complaints and concerns. A complaints policy and procedures was in place and information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. This required review to ensure it provided accurate and up to date information to patients if they did not wish to

complain directly to the practice. An updated version was produced and shared with us following the inspection that provided contact details for referring complaints on to NHS England.

There were designated members of staff who handled complaints in the practice. We looked at complaints received in the last 12 months and found that these had been investigated and responded to in a timely manner and patients had been provided with an explanation and an apology as appropriate.

Complaints were discussed at clinical meetings as they arose and there was a periodic review of complaints to identify themes or trends. The provider could clearly demonstrate that learning had taken place from complaints and other feedback, and that action had been taken to improve peoples' experiences of the service.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives. These included: the provision of the highest quality medical services available under the NHS; ensuring that patients are seen by the most appropriate healthcare professional as quickly as possible; focusing on prevention of disease by promoting good health and preventative medicine; providing patients with an experience and environment that is comfortable, friendly, professional and relaxing and covers all aspects of health and safety requirements; involving patients in decisions about their care and encouraging them to participate fully; involving other professionals in patients' care and treatment; ensuring staff have the right skills and training to carry out their duties competently.

Staff we spoke with knew and understood the aims, objectives and values of the practice and incorporated them in their day to day work and in providing a patient centred approach to their work.

The GP partners had knowledge of and incorporated local and national objectives. One of the GPs chaired a federation of practices within the Clinical Commissioning Group. One of the practice nurses was the diabetic lead nurse for Warrington CCG. Another practice nurse had been involved in a working group for the 'Children's Asthma Care Pathway' in Warrington. This had included the design of an 'Asthma Action Plan' and working with schools in safe management of asthmatic pupils.

Reception and administrative staff at the practice had been commended for their services to healthcare at the CCG primary care awards in 2015.

As part of their supporting evidence the provider shared feedback with us from health and social care professionals from partner agencies, a locum GP, and trainee GPs. The feedback was highly complementary about the standards of care, treatment and support provided by the practice and of the impact that the quality of the systems and communication the practice had with them made. For example; confirmation from a lead safeguarding nurse that the practice had good safeguarding children processes and

high compliance with conference report requests and; confirmation that clinicians and the administrative team had been supportive in encouraging maximum numbers of patients to engage with the smoking cessation service.

### Governance arrangements

The practice had robust, safe and effective arrangements in place to govern the service and ensure good outcomes were provided for patients.

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.
- The provider could clearly demonstrate the actions taken following events or incidents and how they had introduced new procedures to prevent a re-occurrence.
- The GPs used evidence based guidance in their clinical work with patients. There was a policy and procedure for sharing and learning from best practice guidance.
- The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to or higher than other practices locally and nationally for indicators measured.
- The practice had a programme of clinical audits and used full cycle audits effectively to improve the care and treatment provided.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).
- There were clear methods of communication across the staff team. A schedule of meetings had been produced to ensure all relevant areas of work were covered. Detailed records showed that the meetings formed part of the quality improvement process to improve the service and patient care.
- Staff were aware of which GPs had lead roles for the different areas of work and therefore they knew who to approach for help and advice.

# Are services well-led?

Good 

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

- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role. Policies and procedures were reviewed and amended or developed in response to feedback, events and complaints and they were cascaded to staff for action.

## Leadership and culture

On the day of the inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen them.

The partners encouraged a culture of openness and honesty. 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 processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support and an explanation.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with a range of good quality training linked to their roles and responsibilities.

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

The practice actively encouraged and valued feedback from patients and acted upon this. A protocol for dealing with patient feedback and a feedback form was available alongside other processes such as patient surveys, the NHS Friends and Family test and complaints.

The practice had a well-established and engaged patient participation group (PPG). We met with six members of the PPG and they told us they attended regular meetings with practice and they gave us a number of examples of how the practice had made improvements to the service in response to their feedback. For example, an action plan had been initiated to improve access to the practice and improve patients' experiences of making an appointment; they had been involved in the re-design of the building from the perspective of a person who uses a wheelchair; they had been involved in a patient survey; and they had been instrumental in arranging an event for patients over the age of 75. The PPG were highly complementary about the practice and the way in which they were valued, listened to and included. The PPG had a notice board in the waiting area which included a 'You said we did' notice following a patient survey. They also had an area on the website.

Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through a system of regular staff meetings and appraisals. A staff survey had been conducted and additional staff had been employed in response to staff feedback.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This included the practice providing training for GPs and being involved in local schemes to improve outcomes for patients. The GPs and management team were aware of challenges to the service. These included; the increasing demand for services with a growing population and restrictions of the premises. They told us areas for development included; providing extended access, providing extra GP sessions, increased collaborative working as part of a cluster of practices, developing the practice work force and skills; and the consideration of new premises.