

# The Quarter Jack Surgery

## 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 on 18th August 2015.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice is using text messaging technology and investigating other technology such as Skype consultations for some patients.

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

Importantly the provider should:

- Have clear action plans with timescales when making improvements in response to complaints.

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement.

Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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.

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

Good



# Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

However, the practice did not have clear action plans with timescales when making improvements in response to complaints.

## **Are services well-led?**

The practice is rated as good for being well-led. It had a clear vision and strategy. 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.

The practice had policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

The practice has an emergency care practitioner who supports GPs with home visits.

- All patients had a named GP
- Home visits for patients were available if needed.

Monthly multidisciplinary team meetings were held to discuss palliative care for patients in this group.

Good



### People with long term conditions

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

All these patients had a named GP and a structured annual review to check that their health and medication needs were being met.

For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Monthly multidisciplinary team meetings were held to discuss patients within this group.

GPs with special interests provided specialist care and support. For example in cardiology care.

Good



### 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 who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



# Summary of findings

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, and we saw evidence to confirm this.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

A health visiting team were based at the practice and monthly meetings were held to discuss vulnerable children.

The practice has a daily presence at two local private boarding schools.

## **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.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **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 children and those with a learning disability. It had carried out annual health checks and offered longer appointments for those people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

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.

Good



# Summary of findings

## **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). 90% of people experiencing poor mental health had received an annual review.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Staff had received training on how to care for people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing above local and national averages. There were 255 surveys sent out with 146 responses. A response rate of 57%.

- 86% find it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73%.
- 96% find the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 74% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 71% and a national average of 60%.

- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 88% describe their experience of making an appointment as good compared with a CCG average of 82% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received.

## Areas for improvement

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

The provider should have clear action plans with timescales when making improvements in response to complaints.



# The Quarter Jack Surgery

## 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 adviser, a practice manager specialist adviser and an Expert by Experience.

### Background to The Quarter Jack Surgery

The Quarter Jack Surgery is located in Wimborne. There were 13,450 patients on the practice list and the majority of patients were of white British background.

The practice is a training practice and currently has one registrar. A registrar is a qualified doctor and is gaining experience of working in a GP practice. There are six partners and two salaried GPs and two retainers. The eight GPs are supported by two nurse practitioners, five nurses and two health care assistants. There is a practice manager and reception and administration staff.

The practice is open 8am to 6.30pm Monday to Friday. Patients requiring a GP outside of these hours are advised to contact NHS 111 service. Extended Hours surgeries are offered Monday to Thursday 6.30pm to 7.30pm for pre-booked appointments.

The practice offers personal GP lists which means every patient has a named GP that they should be able to see at every appointment.

### Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

### How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. Organisations included the local Healthwatch, NHS England, and the clinical commissioning group.

We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection. This information included practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on NHS Choices.

During our visit we spoke with a range of staff which included GPs, nursing and other clinical staff, receptionists, administrators, secretaries and the practice manager. We also spoke with ten patients who used the practice. We reviewed 33 comment cards where patients and members of the public shared their views and experiences of the practice before and during our visit.

# Detailed findings

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. All complaints were investigated and responded to and the practice shared learning amongst staff at team meetings. However, the practice should have detailed action plans with timescales when implementing changes and learning from complaints. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of quarterly meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. An example of this was double checking that appointments and letters were attached to the correct set of patient's notes when there were patients with similar names. Another example included the introduction of new procedures in dealing with needle stick injuries. We saw evidence that showed the practice discussed these new procedures with the local Occupational health department.

### Overview of safety systems and processes

The practice demonstrated its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. 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 GP 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 relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required.

This information was also available on the website, in patient information leaflets and at the reception. All staff who acted as chaperones had received a disclosure and barring check (DBS). 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.

- 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. The practice had up to date fire risk assessments and alarm systems connected to the local fire brigade. Staff received fire safety training and knew what to do in the event of a fire but had not recently carried out any regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the 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. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were securely stored.
- Recruitment checks were carried out including DBS checks and suitable and sufficient references from previous employers.

### Arrangements to deal with 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 received annual basic life support training and there were emergency medicines

## Are services safe?

available in the treatment room that were routinely checked. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were signposted to relevant services. For example, smoking cessation advice was available from a local support group. Patients were also referred to other GPs within the practice. Most of the GP partners had areas of special interest including Orthopaedics and Cardiology. This meant patients needing specialist advice in these areas did not have to travel elsewhere or wait for referrals from outside services.

The practice's uptake for the cervical screening programme was 81.5%, which was comparable with the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 95.3% to 99.1% and five year olds from 91.7% to 97.2%.

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.

### Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services.

All 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 test results. Information such as NHS patient information leaflets were also available.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Current results were 99.7% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was higher than the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- Performance for mental health assessment and care was higher than the national averages.

The practice could evidence quality improvement with two cycle clinical audits and all relevant staff were involved. The practice participated in local CCG audits such as antibiotic prescribing. An example was an antibiotic audit showed

# Are services effective?

(for example, treatment is effective)

reduction in antibiotic prescribing and 100% compliance in prescribing guidelines. The practice also monitored its use of antibiotics to ensure they were not overprescribing. This helped to tackle antimicrobial resistance.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in house training.

All GPs were up to date with their yearly appraisals There were annual appraisal systems in place for all other members of staff.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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. Reception 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 33 patient CQC 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 also spoke with members of the patient participation group (PPG) on the day of our inspection. 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 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. Results from the patient survey were;

- 94% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

- 96% said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

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

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Every patient had a named GP who they would see on each visit. This helped establish a trusting relationship and continuity of care. Personal assistants were also employed for specific GPs. Their role was to triage appointments and support that GP with administration.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%

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. One patient told us the staff were supportive and helped them with their English.

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

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and those identified as carers were being

## Are services caring?

supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

There was a friends of the practice voluntary organisation which gave help, support and social contact to elderly patients and those that found it difficult to leave their home. This also included voluntary transportation which assisted patients in attending appointments.

A bereavement support group was also available.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. Examples of this were;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- All patients had a named GP who they would see on each visit.
- Urgent access appointments were available for children and those with serious medical conditions.
- Emergency appointments and telephone consultations were available all day.
- Patients identified as being at risk of admission were able to receive priority appointments
- There were disabled facilities, hearing loop and translation services available.
- The practice provided GP services to two local schools
- Personal assistants were employed to support specific GPs. The assistants are the first point of contact for making appointments and get to know the patients well. This meant there was continuity of care from the booking of appointments through to referrals and patients had a dedicated assistant and GP for their care.

### Access to the service

The practice was open for appointments from 8.30am to 6.30pm Monday to Friday. The emergency telephone line is answered from 8.00am. Patients requiring a GP outside of these hours are advised to contact NHS 111 service. Extended Hours surgeries were offered Monday to Thursday 6.30pm to 7.30pm for pre-booked appointments. In addition to pre-bookable appointments, urgent appointments and telephone consultations were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.
- 88% patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.
- 62% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had a 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 that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at all the 15 complaints received in the last 12 months of which seven were upheld and found lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care. However, we found that action plans with learning outcomes and timescales were not in place.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice was part of an evolving federation of 14 practices and was determined to maintain its personal GP lists to ensure continuity of patient centred care.

The practice was in the process of implementing electronic prescription services for its patients. This meant patients did not have to attend to collect prescriptions. They could go straight to a pharmacy of their choice to collect their medication which would save them additional journeys to the practice.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was an approved training practice. The practice has employed three apprentices with one now fully employed by the practice. This is part of a scheme to provide in job training to young people. There was a clear training and learning package which was mentored by the practice manager.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held, there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so.

Staff said they felt 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and carried out patient surveys. The practice listened and acted on feedback from the PPG and part of this was the introduction of a new telephone service.

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 involved and engaged to improve how the practice was run.

### Innovation

The practice is developing the use of technology to improve care for patients. For example they are developing the use of 'Skype' to have consultations via computer systems.

The practice has also been engaged by two local private boarding schools to provide a daily medical presence. All children attending those schools are automatically registered at the practice upon joining the school. The children can either be seen at the practice or at the school.

## Are services well-led?

Good 

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

The practice was also obtaining consent to be able to use text messaging services to remind patients of immunisations.