

# Wargrave Practice

## 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 inspected Wargrave Practice on 9 June 2016. At that time the practice was rated requires improvement. The provision of safe services was specifically rated inadequate. We asked the practice to tell us what action they would take to address the breach of regulation found at inspection. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Wargrave Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection, on 9 February 2017, was undertaken to check the actions taken had addressed the breach of regulation and to apply an updated rating for the practice.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and 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 provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

# Summary of findings

- Following our findings during the June 2016 inspection that patients were at risk of harm because some systems and processes were not implemented in a way to keep them safe, specifically in relation to medicine reviews which were not always undertaken by a GP, the practice had implemented a policy that medicine reviews were only completed by a GP.

The areas where the provider should make improvement are:

- Review the storage and access to emergency medicines to ensure timely access to staff.
- Implement timely training for all new staff to enable them to carry out their role effectively.
- Implement improved process to ensure clear dosage instructions appear on the labels of all dispensed medicines.

**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.

During our previous inspection in June 2016, we found the practice had breached a regulation relating to safe management of medicines. We identified that:

- Dispensary systems and processes were not implemented in a way to keep patients safe.
- national guidelines for distribution of blank prescriptions were not followed but were implemented on the day of inspection.

At the inspection in February 2017, we found the practice had made a range of improvements:

- The practice had ensured that procedures within the dispensary were implemented and followed to ensure that risks to patients were mitigated.
- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents, although the process for storage of emergency medicines should be made easier for staff.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Good



# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and 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.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

During our previous inspection in June 2016, we found the practice had breached a regulation relating to safe management of medicines. We identified that:

- Governance systems to monitor the safety and quality of the dispensing service were not operated consistently.

Good



# Summary of findings

- The practice had a number of policies and procedures to govern activity, but some of these were not followed and processes were not in place to identify this.

At the inspection in February 2017, we found the practice had made a range of improvements:

- The practice had a clear 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 it.
- 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.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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 provider had resolved the concerns for safety and well-led identified at our inspection on 9 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Specifically we found:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, outreach clinics and urgent appointments for those with enhanced needs.
- A delivery service for prescriptions was available for patients unable to travel to the surgery.
- The practice were being considered as a 'Thames Valley dementia beacon practice.'

Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above national figures. For example, 92% of patients with atrial fibrillation were appropriately treated with anti-coagulation therapy. This was higher when compared to the CCG average (86%) and the national average (87%).

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 9 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Specifically we found:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's results for management of patients with diabetes were above the national average, in particular for the management of blood pressure, where the practice achieved 92% for patients with a reading within recommended targets, compared to a national average of 80%.
- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic

Good



# Summary of findings

bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 9 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Specifically we found:

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were below expected achievements in three out of four areas for standard childhood immunisations. However, unvalidated data shows that the practice have achieved the targets in all four areas for the year 2016/2017.
- The practice provided support for premature babies and their families following discharge from hospital, including regular reviews and home visits if required.

Good





# Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 81% of female patients aged 25 to 64 had attended for cervical screening within the target period, compared to a national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The provider had resolved the concerns for safety and well-led identified at our inspection on 9 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Specifically we found:

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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.
- Phlebotomy services were available at the practice which meant patients did not have to attend hospitals for testing.
- Health promotion advice was offered but there was accessible health promotion material available through the practice.

Good



## **People whose circumstances may make them vulnerable**

The provider had resolved the concerns for safety and well-led identified at our inspection on 9 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Specifically we found:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



# Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments (double appointments, 20 minutes in length) for patients with a learning disability.
- We saw there were 15 patients on the learning disabilities register and 8 of the patients (53%) had a recorded health check. The remaining patients had been contacted and invited to attend a health check if appropriate.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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.

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

The provider had resolved the concerns for safety and well-led identified at our inspection on 9 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Specifically we found:

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84%. However, the practice provided us with invalidated data to show that improvements had been made and this years unvalidated achievement was 94%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and carried out advance care planning for patients with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. They had invited clinical experts to assess the building as part of the dementia friendly scheme.

Good



# Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had improved but lower performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. There were 218 survey forms sent out and 114 forms were returned. This was a 52% response rate and amounted to approximately 2% of the patient population. Results from the survey showed:

- 99% of patients said they could get through easily to the practice by telephone (CCG average 76%, national average 73%).
- 96% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 99% of patients described the overall experience of this GP practice as good (CCG average 88%, national average 85%).
- 98% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients during the inspection.

We received 10 comment cards which all gave a positive view on the standard of care received. Patients commented on receipt of excellent service from all staff within the surgery.

We spoke with six patients during the inspection. Feedback confirmed the positive satisfaction which was highlighted in the national GP patient survey and the written feedback we received. Comments showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Several comments highlighted that access was very effective.

We reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

- Wargrave Practice achieved 100%% satisfaction rate in the NHS Friends and Family Test in December, November and in October 2016.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the storage and access to emergency medicines to ensure timely access to staff.
- Implement timely training for all new staff to enable them to carry out their role effectively.
- Implement improved process to ensure clear dosage instructions appear on the labels of all dispensed medicines.

# Wargrave Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser, a pharmacist CQC inspector and a practice manager specialist adviser.

## Background to Wargrave Practice

Wargrave Practice is registered with the Care Quality Commission to provide primary care services. The practice provides to approximately 6,970 patients from Wargrave Practice, Victoria Road, Wargrave, RG10 8BP. They also have two outreach clinics at The Neville Hall, Milley Road, Waltham St Lawrence, RG10 0JP and Knowl Hill Village Hall, The Terrace, Knowl Hill, Reading, RG10 9XB.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is a dispensing practice to 1,945 patients.

The building is a one storey annexe to a sheltered accommodation complex, which is owned by the housing association. The practice has four GP partners, two salaried GP, three practice nurses, a health care assistant, two dispensers, a pharmacist and a receptionist and administration team. The practice serves patients across three counties, five clinical commissioning groups and five local authorities.

Information from Public Health England 2015 shows the practice population age distribution is not comparable to

national averages; the practice has a lower working age population and a higher elderly population. Of the working population 2% were unemployed which is below the national average of 5%.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in least deprived decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

Average male and female life expectancy for the practice is 81 and 84 years respectively, which is higher than the national averages of 79 and 83 years.

The practice is open between 7.30am and 7pm Monday to Thursday, closing at 6.30pm on Fridays. Additional appointment times are available and on the 2nd and 4th Saturdays of each month from 8.30am - 11.30am (pre-booked appointments only).

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Out of Hours cover is provided by Berkshire Healthcare NHS Foundation Trust, via the Walk in Centre at Broad Street Mall in Reading, or Westcall via telephone 111.

The practice provides its services from the following address:

Wargrave Surgery, Victoria Road, Wargrave, RG10 8BP.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Wargrave Practice on 9 June 2016 and published the report of the inspection in August 2016. The inspection was conducted under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall. Specifically a breach of regulation relating to safe management of medicines was found. The full comprehensive report following the inspection in June 2016 can be found by selecting the 'all reports' link for Wargrave Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further comprehensive inspection of Wargrave Practice on 9 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care, review the breach of regulation identified at the previous inspection and update the ratings provided under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the Healthwatch and the clinical commissioning group to share what they knew. We carried out an announced visit on 9 February 2017. During our visit we:

- Spoke with a range of staff. These included GPs, nurses, health care assistant, the practice manager, and several members of the administration and reception team, and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

# Are services safe?

## Our findings

**At our previous comprehensive inspection on 9 June 2016 the practice was rated as inadequate for providing safe services.**

- Patients were at risk of harm because medicines management and dispensary systems and processes were not implemented in a way to keep them safe.
- Actions from safety alerts were not followed through or recorded.
- National guidelines for distribution of blank prescriptions were not followed but were implemented on the day of inspection.
- Opportunities to learn from near misses within the dispensary and incidents within other services were missed.

At our comprehensive inspection on 9 February 2017 we found the following:

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of ten documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the system for checking vaccines before administration was changed when there was a vaccine error reported.

- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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. From a sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept



## Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Improvements had been made to address issues found at our last inspection.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- Medicines were stored appropriately and securely within the dispensary. Staff recorded the temperature of the medicines refrigerator every day to make sure medicines were stored at the correct temperature. Staff did not check the room temperature, so were not able to confirm the dispensary was always at a safe temperature for storing medicines. This was rectified on the day of inspection and a temperature log was put in place.
- Staff told us that the practice contracted an external company to do a complete stock check once per year. During our last inspection, we found some out of date medicines in the dispensary. We saw that additional systems were in place for staff to check stock on a regular basis. We saw records of these checks and did not see any out of date medicines in the dispensary.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- The practice had standard operating procedures that the dispensary staff and medicine lead GP reviewed and signed every year. At our last inspection, we found these were not always followed. For example, staff did not check patient details when taking in prescriptions or handing out medicines. During this inspection, we saw staff checking patient identification details. This helps to reduce the risk of mistakes. The practice manager told us they had just started the process of reviewing all their policies and making them available on-line. We also noted that staff producing repeat prescriptions identified those needing review and highlighted this to the patients GP to take the appropriate action.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Dispensary staff said they contacted the doctors with prescribing queries. We found staff recorded dispensing errors. The dispensary record did not include any action

taken to prevent any problem recurring in future.

However, staff told us they discussed any issues at the weekly practice meetings and this would be part of the minutes for these meetings. We reviewed a sample of the weekly team minutes and found learning was identified and shared.

- Medicines labels were generated automatically from the information on the prescriptions. We found the dose instructions were not always clear. For example the label for one person's medicine showed the name of the tablet and stated 'Three times a day' but did not show how many should be taken. The pharmacist responded to this and ensured that the labels were completed appropriately.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.



## Are services safe?

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. This was completed by the landlord of the property and the practice did not hold copies of certificates or dates of when they were due. The practice obtained copies of the certificates immediately after the inspection.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- 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 available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The emergency medicines were stored in more than one place and each area had different contents. The practice held all appropriate medicines needed to respond to all relevant scenarios. However, accessing these medicines in a timely manner could have been compromised due to staff confusion over where they were stored.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 9 June 2016, we rated the practice as good for providing effective services.**

At our comprehensive inspection on 9 February 2017 we found the following:

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.9% and national average of 95.3%.

The most recent published exception reporting was comparable to the CCG and national averages, the practice had 8.9% exception reporting, the CCG average exception reporting was 8.4% and the national average was 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For example:

- The practice levels of exception reporting for diabetes related indicators was 16%. This was higher when compared to the local CCG average of 11% and national average of 12%.

- The practice levels of exception reporting for hypertension related indicators was 2%. This was similar when compared to the local CCG average of 3% and national average of 4%.
- The practice levels of exception reporting for mental health related indicators was 6%. This was lower when compared to the local CCG average of 12% and national average of 11%.

Data from 2015/16 showed the practice was above QOF (or other national) clinical targets:

- Performance for diabetes related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (88%) and the national average (90%).
- Performance for hypertension (high blood pressure) related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (97%) and the national average (97%).
- Performance for mental health related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (94%) and the national average (93%).

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits completed in the last two years where improvements had been identified, with two completed cycles. These were then implemented and monitored.
- Findings were used by the practice to improve services. For example, a recent sore throat audit identified that antibiotics were being prescribed for longer than the evidence-based guidelines. This enabled the practice to change their prescribing to ensure best patient outcomes.
- We saw clinical audits were now discussed at the practice team meetings, reflected upon and learning shared with the full practice team. However, the correspondence and supporting documentation of these audits did not follow a consistent audit methodology. This was discussed during the inspection and we were informed they were reviewing clinical audit templates to use for future audits.

Information about patients' outcomes was used to make improvements such as becoming a Thames Valley Dementia Beacon Practice

# Are services effective?

(for example, treatment is effective)

## Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, recently appointed members of administration staff had not always completed timely training, such as safeguarding children and adults and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nurses attended study days and care planning training to improve care for people with long-term conditions. The aim of this training was to support people with long term conditions such as diabetes to self-manage their condition.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. We reviewed the revised system used to log training needs. This was a training matrix, which effectively highlighted future learning for all members of staff. This system and the staff files we checked including a review of training certificates indicated staff were up to date with their mandatory training.

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice had an agreed care plan in place for 100% of patients receiving end of life care.

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

## Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support and signposted those to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and the practice were involved in a community navigator pilot, which patients would be referred into if GPs identified that they may need support from other agencies. Patients were then signposted to the relevant service.
- A physiotherapist was available on the premises and smoking cessation advice was available from a local support group.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice has a childhood immunisation clinic and offers travel vaccines, including those not available on the NHS. The practice also offers seasonal flu and pneumococcal vaccines.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 83% and the national average of 81%. 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. There was a policy to offer telephone

or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast cancer screening uptake was 80%, compared to the national average of 73%. Bowel screening uptake was 68%, which was higher than the national average of 58%.

Childhood immunisation rates for the vaccinations given were lower when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in one out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.9 (compared to the national average of 9.1). However, unvalidated data, provided following the inspection, shows that the practice have achieved the targets in all four areas for the year 2016/2017.

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

# Are services caring?

## Our findings

**At our previous inspection on 9 June 2016, we rated the practice as good for providing caring services.**

At our comprehensive inspection on 9 February 2017 we found the following:

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

As part of our inspection we also asked for CQC comment cards to be completed by patients during the inspection. We received 10 comment cards which all gave a positive view on the standard of care received. Patients commented on receipt of excellent service from all staff within the surgery.

We spoke with six patients during the inspection. Feedback confirmed the positive satisfaction which was highlighted in the national GP patient survey and the written feedback we received. Comments showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Several comments highlighted that access was very effective.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average in all areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

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

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

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.

## Are services caring?

- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.
- Patients told us that they were happy that they had continuity of care from the practice.
- 90% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 66% and the national average of 59%.

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

- Staff told us that interpretation 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.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

- Online services were available for arranging appointments, ordering prescriptions and viewing medical information. The practice were also in the process of offering on line appointments.
- The surgery had also implemented a software package which 'provides tailored education to GPs, using data to help them understand their personal practice patterns, with the specific aim of identifying when and where variance from treatment guidelines increases clinical risk and system inefficiency'.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 112 patients as carers (1.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced 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

**At our previous inspection on 9 June 2016, we rated the practice as good for providing responsive services.**

At our comprehensive inspection on 9 February 2017 we found the following:

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours from 7.30am to 7pm, four days a week, and on alternate Saturday mornings, for working patients who could not attend during normal opening hours.
- The practice had implemented two outreach clinics to meet the needs of the population. They were in surrounding hamlets that were predominantly elderly, with poor transport links. One was based in Waltham St Lawrence and another in Knowl Hill. Appointments were offered to patients in a local village hall as this was more convenient for those who may find it difficult to attend the surgery. This reduced the number of home visits required, therefore allowing more appointments to be booked at the surgery. On average four patients were seen at the village hall in around 40 minutes – which would be the equivalent to one home visit. Each clinic saw approximately 30 patients per month – enough to warrant keeping the service active but not so many that it was being used inappropriately. The clinic at Waltham St Lawrence was invaluable during a time of flooding within the local hamlet when up to eight patients a session accessed the service. The clinic was only used for consultations unless otherwise necessary and patients were told of any risks involved before giving consent. For example to ensure uptake of flu vaccinations.
- The dispensary provided a responsive service to patients. We saw patients waiting less than five minutes for their medicines. The practice had a medicine delivery service to the two outreach clinics and patient's homes. The practice served rural communities so the delivery service helped patients access their medicines.

- There were longer appointments available for all patients (From 10 minutes to 12 minutes which is a 20% increase) as the patients had requested this via surveys conducted by the PPG.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning, with 100% of these patients having an updated and agreed care plan in place.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had been certified as 'Dementia Friendly'. They had the memory clinic lead nurse attend to offer them advice on improving the facilities. This resulted in further staff training and better signage around the building.
- The practice was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting areas and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. All treatment and consultation rooms were on the ground floor. The practice had a step free access and a bell at the front entrance for patients who required further support. The practice also had a portable hearing loop to help patients who used hearing aids.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

### Access to the service

- The practice was open between 7.30am and 7pm Monday to Thursday, closing at 6.30pm on Fridays.

# Are services responsive to people's needs?

(for example, to feedback?)

- Appointments were available 8.10am - 11am, 4pm - 7pm Monday to Thursday, closing at 6.30pm on Friday.
- Additional appointment times were available from 7.30am until 6.45pm Monday and Tuesday and on the 2nd and 4th Saturdays of each month pre-booked appointments were available from 8.30am - 11.30am.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than the local and national averages.

- 93% of patients were satisfied with the practices' opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- 96% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 89% and the national average of 85%.
- 98% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 95% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 81% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

For example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need.

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

## Listening and learning from concerns and complaints

The practice had a system 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

There was a designated responsible person who handled all complaints in the practice. We reviewed the annual review of complaints received in 2016 and saw a 'live' up to date record and audit of all verbal and written feedback received so far in 2017. These were discussed in team meetings with all staff. We looked at 8 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, further training was given to ensure prescriptions were processed in a suitable and timely manner.



# Are services well-led?

Good 

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

## Our findings

**At our previous comprehensive inspection on 9 June 2016 the practice was rated as requires improvement for being well-led.**

- Governance systems to monitor the quality of the dispensing service were not operated consistently.
- The practice had a number of policies and procedures to govern dispensary activity and the management of medicines, but some of these were not followed and processes were not in place to identify this.

At our comprehensive inspection on 9 February 2017 we found the following:

### **Vision and strategy**

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This vision was to 'serve our patients and each other with respect and dignity to make life's challenges a little lighter.'

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### **Governance arrangements**

The practice had made significant improvements to their governance framework to support the delivery of the strategy and good quality care. This work was predominantly carried out by the GP partners and practice manager, but were supported by all members of the practice team. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, there was a designated lead for different long-term conditions, for the dispensary, to supervise medical students and for supporting the nursing staff. The lead nurse led on infection control.
- Practice specific policies were implemented and were available to all staff. The standard operating procedures in the dispensary were in the process of updating and making them available electronically.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. This included significant improvements to the systems and processes within the dispensary. We also saw the management of complaints and serious incidents were now investigated and learning disseminated to all relevant staff.
- There were improved arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The monitoring and assurance processes in the practice had identified the areas of concern in relations to medicines management. For example, we found one out of date vaccine, however, the system in place to administer them would ensure that the risk of this vaccine being given to patients was mitigated.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### **Leadership and culture**

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

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

# Are services well-led?

Good 

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The practice sent out suggestions and requests for ideas to the online patient reference group (which consisted of around 1000 members). This enabled them to gain

feedback from younger patients. This also resulted in a higher response rate to surveys e.g. GP patient survey response was 52% compared to the national average of 38%.

- The PPG had also founded a PPG forum within the borough to compare and discuss best practice in the local area PPG's. The aim of this was to explore how the PPG worked in other areas with a view to piloting at their practice.
- The NHS Friends and Family test, complaints and compliments received
- 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.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the navigator pilot scheme, the outreach clinics and the information technology software system that supported GPs in effectively managing long term conditions. They were also in the process of using skype appointments and had become a Thames Valley Dementia Beacon Practice. The practice had led a successful bid for funding to provide pharmacist in all 13 practices within the clinical commissioning group, it was however, too early to assess the impact of this project. These were all projects where the practice had identified a need within their community and implemented them to address this.