

Barley Surgery

Quality Report

Main Surgery
High Street
Royston
Hertfordshire
SG8 8HY

Tel: 01763 848244

Website: <http://www.barleypractice.co.uk/>

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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?

Outstanding



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 Barley Surgery on 5 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, and we saw evidence that learning was applied from events to enhance patient care and safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment, and clinicians had lead areas of responsibility.
- Patients expressed high levels of satisfaction with the practice, citing caring and attentive staff, ease of access and being involved in decisions. Figures from the national GP survey stated that 90% of patients would recommend the surgery to someone new in the

area. Feedback from patients we spoke with and also on comments cards was overwhelmingly positive. Patients described practice staff who 'went the extra mile' to ensure that individuals' needs were met..

- Most patients said they found it easy to make an appointment with a GP, and usually this was with a GP of their choice. Routine appointments could usually be booked up to three months in advance and demand for appointments was actively monitored so that additional consultations could be made available in periods of high demand. Urgent appointments were available the same day.
- The practice used clinical audits to review patient care and took action to improve services as a result.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked effectively with the wider multi-disciplinary team to plan and deliver high quality and responsive care to keep vulnerable patients safe.

Summary of findings

- The practice had an active Patient Participation Group (PPG) and worked with them to review and improve services for patients.
- The practice made changes to the way it delivered services as a consequence of feedback from patients.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. The partners and practice manager worked collaboratively with other local GP practices and made an active contribution to Clinical Commissioning Group (CCG) work streams.
- The practice should register to directly receive patient safety updates from the Medicines Health and Regulatory Authority (MHRA).
- The practice should provide refresher training to staff who chaperone to ensure that they are able to protect both patients and clinicians by following most recent best practice.
- The practice should consider placing chaperone notices in consultation and examination rooms.
- The practice should provide spillage kits to ensure that staff are fully protected from the risk of infection.

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

There were areas where the practice should improve:

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 safe services

Good



- There was an effective system in place for reporting and recording significant events
- When there were unintended or unexpected safety incidents, people received support and were provided with an explanation and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice had effective recruitment procedures to ensure all staff had the skills and qualifications to perform their roles, and had received appropriate pre-employment checks.
- Risks to patients and the public were assessed and well-managed including procedures for infection control and other site-related health and safety matters. However there was scope to provide spillage kits to ensure that staff are fully protected from the risk of infection.
- Risks to vulnerable patients with complex needs were monitored by multi-disciplinary team meetings to provide holistic care and regular review.
- Medicines, including vaccines and emergency drugs, were stored safely and appropriately with good systems to monitor and control stock levels.
- The practice did not routinely receive patient safety updates from the Medicines Health and Regulatory Authority (MHRA).
- The practice had effective systems in place to deal with medical emergencies.
- The practice ensured staffing levels were sufficient at all times to respond effectively to patients' needs.
- In 2015 the branch surgery at Market Hill was subject to a flood which meant that the building had to be closed for seven months. On the day of the flood and during the closure period that followed, patients and staff told us that no appointments were cancelled. This demonstrated that an effective business continuity plan was in place and that practice staff went the extra mile to ensure continuity of care for their patients.

Are services effective?

The practice is rated as good for effective.

Good



Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data showed patient outcomes were above average for the locality. The practice had achieved an overall figure of 98% for the Quality and Outcomes Framework 2014-15. This was above both the CCG and national averages.
- The practice has been instrumental in setting up a GP liaison service at the local hospital trust.
- Clinical audits demonstrated quality improvement, and we saw examples of full cycle audits that had led to improvements in patient care and treatment.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. GPs and nurse had specific areas of interest including diabetes, asthma and chronic obstructive pulmonary disease, and acted as a resource for their colleagues.
- There was scope to provide refresher training to staff who chaperone to ensure that they are able to protect both patients and clinicians by following most recent best practice.
- All staff had role specific inductions, and had received a performance review in the last 12 months which included an analysis of their training needs.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, in order to deliver care more effectively.

Are services caring?

The service is rated as outstanding for caring.

- Data showed that patients consistently rated the practice above the local and national averages in respect of care. For example, 98% said the GP was good at giving them enough time compared to the CCG average of 90% and the national average of 87%.
- Patients we spoke with during the inspection, and feedback received on our comments cards was extremely positive with patients recounting examples of exemplary care they had received and recalling instances where the GPs and nurses had gone the extra mile to ensure that patients were supported well to make informed choices.
- The practice adopted a flexible approach in dealing with vulnerable patients to ensure their individual needs were accounted for. This included reminding patients about their appointment, and ensuring the allocated appointment time was suitable.

Outstanding



Summary of findings

- The practice had adopted a system for proactively identifying carers and ensuring that their needs were met.
- We observed that staff treated patients with kindness and respect, and maintained confidentiality. We were given examples of where staff had undertaken additional duties to ensure patients were cared for. This included the GPs personally delivering medicines to vulnerable patients' homes to ensure they received their medicines as soon as possible.
- Views of community based health staff and care home managers were extremely positive about the level of care provided by the practice team

Are services responsive to people's needs?

The practice is rated as good for responsive.

Good



- The partners and practice manager reviewed the needs of their local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice implemented improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, two additional telephone lines had been installed further to comments regarding telephone access. A messaging service had also been introduced to remind patients to attend their appointments.
- The practice had identified areas where they could provide care in the most convenient and effective way to patients. For example the phlebotomist had been trained to deliver, where appropriate, a sleep apnoea assessment clinic, so reducing the need for referrals into the local hospital.
- Routine GP appointments were usually available within a week and urgent appointments were available on the day. The practice offered an extended hours surgery every Monday evening at Barley Surgery until 8.15pm. Once a month Barley Surgery opened on a Saturday between 8.30am and 10.30am. Patients could book a routine appointment up to three months in advance. Access was closely monitored and additional GP and nurse practitioner sessions would be organised when demand was high.
- Comment cards and patients we spoke with during the inspection were largely positive about their experience in obtaining a routine appointment. This was reinforced by the national GP patient survey published in January 2016 which found that 77% patients described their experience of making an appointment as good. This was in comparison to a CCG average of 77% and a national average of 73%.

Summary of findings

- The premises provided modern and clean facilities and were well-equipped to treat patients and meet their needs. Each consultation room had an examination area attached which meant that patients' privacy could be especially well maintained. The practice accommodated the needs of patients with disabilities, including access via automatic doors. A hearing loop was not available, although staff knew how to assist people with visual impairment.
- Information about how to complain was available and the practice responded quickly when issues were raised. Learning from complaints was shared with staff to improve the quality of service.
- If patients at reception wished to talk confidentially, or became distressed, they were offered a private room or an opportunity to discuss issues away from the waiting area.
- Practice staff confirmed to us that they currently provided care to very few patients who did not speak English as a first language. However translation services could be accessed to assist any patients whose first language was not English.

Are services well-led?

The practice is rated as good for leadership.

- The partners had a clear vision and strategy to uphold family practice values within a changing world of general practice. This involved delivering high quality care and promoting good outcomes for patients and was supported by a comprehensive business plan. Staff were clear about the vision and their responsibilities in relation to this.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The partners contributed to the wider CCG agenda where possible.
- The practice team worked collaboratively with other local practices to share resources and plan future developments.
- The partners reviewed comparative data and ensured actions were implemented to address any areas of outlying performance.
- There was a clear leadership structure and staff felt supported by management. The practice had a range of policies and procedures to govern activity and held regular staff meetings.
- The practice sought feedback from patients and staff, which it acted on to improve service delivery.

Good



Summary of findings

- The PPG was active and helped inform practice developments, for example, the installation of additional telephone lines.

Summary of findings

The six population groups and what we found

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

Older people

Good



The practice is rated as good for services for older people.

- Patients over the age of 65 accounted for 19.6% of the total registered practice population. This was higher than the average figure of 16.1% across the CCG.
- The practice ensured it prioritised care for their older patients and offered proactive, personalised care to meet the needs of older people. Care plans were in place for older patients with complex needs. All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits either from a GP or nurse practitioner. Urgent appointments were available for those with enhanced needs.
- Meetings were held with the wider multi-disciplinary team to support patients to live in their own homes and ensure they were kept safe, and had their individual needs met.
- The practice accessed the Single Point of Access to organise additional support for patients, for example input from the community rehabilitation team, to meet their needs and avoid an admission into hospital. The practice ensured that patients in need of social support were referred into the single point of access (SPA) to access a range of voluntary services to support them to live in their homes.
- The practice provided primary medical services to over 100 residents who resided in local nursing and residential care homes. A GP undertook a weekly ward round at these homes. All the patients received a full assessment at the first visit and care plans were formulated. We spoke to a manager from one of the homes who was very satisfied with the level of care provided by the GPs, and described the relationship with the practice as extremely positive. They told us the practice were responsive and caring, that they accommodated the individual needs of their patients, and the practice achieved good outcomes for their residents.
- Flu vaccination rates for the over 65s were 79% which was higher than the national figure of 73%.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.

Summary of findings

People with long term conditions

The practice is rated as good for services for patients with long term conditions.

Good



- All patients with a long-term condition had a named GP and nursing staff had lead roles in chronic disease management. For those patients with the most complex needs and associated risk of hospital admission, the practice team worked with health and care professionals to deliver a multidisciplinary package of care. The practice had lower attendance rates at Accident & Emergency (A&E) than other practices locally and nationally in 2014/15.
- A recall system ranging from six to 12 months was in place to ensure patients received a regular review of their condition. This included reviews being done on home visits by GPs.
- The practice had a higher prevalence for patients with asthma than local and national figures. However QOF indicator performance for asthma was higher than CCG and national averages. For example, 76.9% of patients with asthma received a review in the preceding 12 months, compared to the CCG average of 75.7% and the national average of 75.3%. This was achieved with a lower rate of exception reporting than the local and national averages.
- The practice employed a nurse who specialised in the management of patients with asthma. We saw that the nurse managed high demand for the service effectively and offered proactive and flexible care to patients. We received feedback from three patients who saw the nurse for asthma treatment and they all felt that the standard of care was exceptionally good because they were reviewed regularly and felt empowered to manage their condition well.
- The achievement for QOF indicators related to the management of diabetes at 100% was above both local and national averages (89.2% and 89.2% respectively). The practice had established a pre-diabetes register, and routinely tested bloods for patients with a long-term condition to assess any risks of them developing the disease. This enabled patients to be directed to support to reduce the risk of them going on to develop diabetes.
- A nurse at the practice specialised in the care of diabetic patients and offered insulin initiation support and advice for patients. She provided her weekend mobile number and email address to patients who were taking insulin for the first time. Patients told us that this had increased their confidence in using insulin as they could contact the nurse if they were at all concerned, including when the practice was closed.

Summary of findings

Families, children and young people

The practice is rated as good for services for families, children and young people.

Good



- The practice had a slightly lower percentage of patients within this population group compared with local averages. For example, 19% of patients were under 18 (CCG average 21%).
- Urgent appointments were available on the day to accommodate ill children.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Monthly liaison meetings were in place between the practice and the midwife and health visitor to discuss any child safeguarding concerns. Arrangements were also in place to liaise with school nurses.
- Immunisation rates were high for all standard childhood immunisations. For example, vaccination rates for children ranged from 93% to 100%, compared against a CCG average ranging from 88% to 96%. The practice achieved 100% vaccination rates in eight of the 15 immunisation categories for two and five year olds.
- The practice referred children and young people into an age-specific counselling service. This helped younger people manage traumatic experiences including bereavement.
- Contraceptive services and advice was available, and one GP provided a service to fit coils and contraceptive implants. Sexual health support was available for younger people, and the practice provided chlamydia self-testing kits.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments with the practice nursing team were available outside of school hours.

Working age people (including those recently retired and students)

The practice is rated as good for services for working age people.

Good



- The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included good access to appointments including telephone consultations. An extended hours surgery was available on a Monday evening until 8pm.
- The practice offered online access for patients to book GP appointments and to request repeat prescriptions.
- 90% of women aged 25-64 had had a cervical screening test in the preceding 5 years, which was above the CCG average of 82% and the national average of 82%.

Summary of findings

- NHS Health checks were available to patients and 535 eligible patients had attended for a check since the service became available.

People whose circumstances may make them vulnerable

The practice is rated as good for services for vulnerable people.

Good



- The practice had carried out annual health checks for people with a learning disability, and 100% had attended for an annual review during 2014-15. All these patients had supporting care plans. The practice offered longer appointments for people with a learning disability.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Homeless people could register with the practice.
- The practice ensured that patients in need of support were referred into the single point of access (SPA) to access a range of voluntary services to support them to live in their homes.
- 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.
- The practice provided good care and support for patients at end of life, and worked within nationally recognised standards of high quality end of life care. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for services for people experiencing poor mental health.

Good



- The practice achieved 86.2% for mental health related indicators in QOF, which was 6.2% below the CCG and 6.6% below the national average; although the rate of exception reporting was consistently lower than both the CCG and national averages.
- All 31(100%) patients with ongoing serious active mental health problems had received an annual health check during the past twelve months. The practice had worked hard to ensure that patients were supported and confident to attend their review.
- 85% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This compared to CCG and national averages of 83%.

Summary of findings

- 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 had told patients experiencing poor mental health and patients with dementia about how to access various support groups and voluntary organisations. Leaflets were available in the waiting area on a range of services available for patients and carers.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice was performing in line with, or above local and national averages. A total of 236 survey forms were distributed and 130 were returned, which was a 55% completion rate of those invited to participate.

- 78% of patients found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% and a national average of 85%.
- 84% of patients said the last appointment they got was convenient compared to a CCG average of 93% and a national average of 92%.
- 74% of patients described their experience of making an appointment as good compared to a CCG average of 77% and a national average of 73%.
- 91% of patients found the receptionists at this surgery helpful compared to a CCG average of 88% and a national average of 87%.

- 55% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 64% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards. All except one were very positive about the standard of care received from the clinicians and access to the surgery. Several of the cards referred to instances where the GPs and nurses had gone the extra mile to support patients during difficult times. One card described a negative experience due to long waiting time to see the GP.

We spoke with thirteen patients during the inspection. All thirteen patients said that they were extremely happy with the care they had received and said they were given time and received appropriate explanations on treatment options during consultations. Three patients were particularly positive about the care provided by the asthma and diabetes nurses, describing these staff as professional, meticulous, supportive and available beyond what can be expected. Patients also described very positive relationships with the GPs.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should register to directly receive patient safety updates from the Medicines Health and Regulatory Authority (MHRA).
- The practice should provide refresher training to staff who chaperone to ensure that they are able to protect both patients and clinicians by following most recent best practice.
- The practice should consider placing chaperone notices in consultation and examination rooms.
- The practice should provide spillage kits to ensure that staff are fully protected from the risk of infection.

Barley Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser and a second CQC inspector.

Background to Barley Surgery

Barley Surgery is located in a village near to Royston in Hertfordshire. There is also a branch surgery called Market Hill.

The practice is run by a partnership of two GPs (two males). The practice employs 3 salaried GPs, a nurse practitioner, two practice nurses and a phlebotomist. The clinical team is supported by a practice manager and a team of seven administrative and reception staff. The practice dispenses to around 3500 patients and employs 3 dispensers to provide this service.

The registered practice population of 7,160 are predominantly of white British background, and the practice deprivation score is low compared with the rest of the country. The practice age profile has higher percentages of patients over 65 years at 20% of the total registered patients, compared to the CCG average of 16%. It has lower percentages of patients under the age of 18.

Both Barley Surgery and Market Hill are open from 8.30am until 6.00pm Monday to Friday. Extended hours opening is available at Barley Surgery on a Monday evening until 8.15pm and on Saturdays 8.30am to 10.30am.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to the 111 service.

The practice holds a General Medical Service (GMS) contract to provide GP services which is commissioned by NHS England. A GMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also offers a range of enhanced services commissioned by their local CCG: including minor surgery, facilitating timely diagnosis and support for people with dementia and extended hours access.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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

How we carried out this inspection

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including NHS England and Healthwatch to share what they knew.

Detailed findings

We carried out an announced inspection on 5 May 2016 and during our inspection:

- We spoke with staff including GPs, the practice manager, practice nurses, secretaries and dispensing staff. In addition, we spoke with a manager at a local care home and a district nurse regarding their experience of working with the practice team. We also spoke with patients who used the service, and two members of the practice patient participation group.
- We observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.
- We reviewed 41 comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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 are:

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and reviewed these at staff meetings which were held each month. An annual review had also taken place in March 2016.
- When there were unintended or unexpected safety incidents, people received support, truthful information, an apology, and were told about any actions taken to prevent the same thing happening again.

We reviewed the sixteen significant events discussed by the team over the preceding 12 month period. This included the identification of any learning points required to improve safety in the practice and the actions that needed to be taken to achieve this. We noted that the practice had identified an instance where a patient's discharge summary information had been delayed following issues with the implementation of a new data system at Cambridge University Hospital Foundation Trust. The practice had investigated the issue further with the CCG and other local practices to ensure that required improvements to the 'EPIC' system were being delivered.

The practice had a process to review and cascade medicine alerts received via the Medicines Health and Regulatory Authority (MHRA). However practice staff confirmed to us that no alerts within the last twelve months had required action for any one patient. We noted that the practice was not in receipt of MHRA Safety Updates (as these are not routinely issued by the Central Alerting System in the same way as MHRA Safety Alerts). The practice told us that they would request to receive these updates directly as some could be relevant to the care received by their patients.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were

accessible to staff. The policies outlined who to contact for guidance if staff had concerns about an individual. There were lead GPs for safeguarding both children and adults, who had received training at the appropriate level in support of these roles. Monthly child safeguarding meetings were held with other health and social care professional, and were documented. The practice actively followed up those who did not attend for their immunisations, and after three failed appointments, would arrange to visit the child at home. Practice staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice in the waiting room advised patients that a chaperone was available for intimate examinations, if required. However there was scope to also place notices in consultation and examination rooms. Nurses, dispensers and reception staff acted as chaperones. These staff were trained for the role and had received a disclosure and barring check (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). However there was scope to provide refresher training to some staff who acted as chaperones as they were not aware of the latest guidance in order to best protect both the patient and the clinician.
- We observed that the practice was tidy and maintained to high standards of cleanliness and hygiene. An infection control clinical lead had been appointed and had undertaken specific training to support this aspect of their role. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice employed their own cleaning staff who worked to specific cleaning schedules that were monitored within the practice. The practice did not have spill kits available for use, which meant that staff were not best equipped to remedy spillages of potentially dangerous substances.
- We reviewed four staff files and found that recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Are services safe?

- The practice had a safe system to manage incoming correspondence to ensure that any actions, such as a change to a patient's medicines, were completed promptly. All hospital discharge letters, pathology and radiology results and medication changes were seen and actioned by a GP in order to ensure appropriate ongoing care for the patient.

Medicines management

The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensary staffing levels were in line with DSQS guidance. The practice had conducted quality assurance of their dispensing service showing high levels of patient satisfaction. Dispensing staff were appropriately qualified and had their competency annually reviewed.

The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. Prescriptions were reviewed and signed by GPs before they were given to the patient. Following discharge from hospital and outpatient appointments, a GP checked and approved all changes to patients' medicines GPs to ensure safety.

Blank prescription forms were recorded and tracked through the practice. Prescription forms and medicines were held securely to ensure they were accessible only by authorised dispensers and clinicians. Records showed medicine refrigerator temperature checks were carried out which ensured medicines requiring refrigeration were stored at appropriate temperatures. We noted that a secondary 'back-up' thermometer within one fridge was not functional and the practice replaced this on the day of our inspection. However the main thermometer in this fridge was operating and temperature readings had been maintained. Processes were in place to check medicines stored within the dispensary area and emergency medicines were within their expiry date. All the medicines we checked were within their expiry dates.

We saw a positive culture in the practice for reporting and learning from medicine incidents and errors. Dispensed errors were logged and then reviewed. The practice also kept records of near-miss dispensing errors to monitor trends and ensure appropriate actions were taken to minimise the chance of similar errors occurring again.

There was a system in place for the management of high-risk medicines. We checked records for patients prescribed lithium and found that they were receiving regular blood tests and medication reviews in line with guidance.

One of the practice's GPs was the prescribing lead and regularly attended quarterly meetings with the clinical commissioning group (CCG) to discuss medicines' management. A clinical pharmacist from the local CCG visited to review prescribing habits and to offer advice.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

The practice's prescribing rates for 2014 to 2015 were generally lower than local and national figures. For example, the number of antibacterial items prescribed per patient unit was 0.11, compared to a local average of 0.28, and national average of 0.27. 64% of non-steroidal anti-inflammatory drugs items prescribed were lower risk ibuprofen or naproxen, compared to a local average of 72%, and national average of 77%. The practice took proactive action to ensure that its prescribing was in line with national best practice guidance.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a Health and Safety Executive poster on display. The practice had up to date fire risk assessments and had carried out 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 lone working and the control of substances hazardous to health. The practice had identified for itself that risks associated with legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) were low. However the partners agreed that, to ensure safety of staff and patients, an external assessment would be undertaken by a specialist.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet

Are services safe?

patients' needs. We were provided with examples of how the whole team worked flexibly to ensure adequate cover was available at all times. Demand for GP appointments was closely monitored and if more capacity was required, extra GP sessions or additional nurse practitioner sessions, were organised to address this.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- We saw evidence that all staff had received annual basic life support training

- 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.
- 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.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. A copy was kept off site in case any emergency render the premises inaccessible. The practice's effective response following a recent flood at Market Hill demonstrated that business continuity planning was robust and staff are to be commended for maintaining continuity of care for all patients at this time.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through clinical discussions and audit. This was often done informally, although the GPs stated they would ensure that documented evidence of this was implemented.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 6% exception reporting (compared to the CCG average of 10%). The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement. A lower figure demonstrates a proactive approach by the practice to engage their patients with regular monitoring to manage their conditions. QOF data from 2014-15 showed;

- Asthma related indicators achieved 100%, which was approximately 2.5% above both CCG and national averages. This was achieved with lower rates of exception reporting than both the CCG and national averages, in spite of the fact that clinical prevalence for asthma was higher than both the CCG and national averages.
- Performance for diabetes related indicators was 100% and this was above both the CCG and national averages of 89%. This was achieved with lower rates of exception reporting than both the CCG and national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 93% which was above the CCG average of 85% and above the national average of 84%. This was achieved with lower rates of exception reporting than both the CCG and national averages.

- Performance for mental health related indicators at 86% was below the CCG average of 92% and also the national average of 93%. However, exception reporting rates were lower than CCG and national averages.
- The number of patients diagnosed with dementia who had a face to face review in the preceding 12 months was 85%. This was above the CCG and national averages of 84%. Exception reporting rates for this indicator were lower than both CCG and national averages.

Clinical audits demonstrated quality improvement.

- Clinical audit was undertaken by the practice and audit cycles were either completed or ongoing at the time of our inspection in order to ensure that improvements were implemented and monitored. For example, the practice had completed a full cycle audit on asthma, including the use of bronchodilators (a type of medicine that makes breathing easier). Recommendations were used to ensure that patients were being treated in the way that would benefit them most. The practice had also undertaken an audit to identify patients with atrial fibrillation who were at risk of having a stroke. These patients had been reviewed leading to some patients being prescribed appropriate anti-coagulation therapy to reduce the potential risk of stroke.
- Prescribing of medicines including specified broad spectrum antibiotics was lower than national averages in line with NICE guidance, and the practice worked with the CCG management technician to ensure cost effective prescribing.
- The practice reviewed all deaths to ensure care had been delivered appropriately and to consider any learning points. This included: if the patient had remained in their preferred place of care; if medicines had been prescribed to anticipate coping with pain at short notice; and checking if follow-up bereavement support been offered. This information was shared with other health professionals who had delivered the care package for each patient.

The practice had lower attendance rates at Accident & Emergency (A&E) than other practices locally and nationally in 2014/15. The practice explained how they supported patients to decide which environment might be most appropriate for them to seek care.

Are services effective?

(for example, treatment is effective)

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had equipped their nurse practitioner and practice nurses to specialise and lead in areas such as diabetes and asthma. The phlebotomist had received additional training to provide initial assessment for sleep apnoea.
- Clinical staff meetings took place each week and were minuted comprehensively.
- The practice had a role specific induction programme for newly appointed members of staff.
- The practice demonstrated that relevant staff had received update training including administering vaccinations and taking samples for the cervical screening programme.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness.

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. This meeting reviewed the needs of complex patients including those at risk of hospital admission, end of life patients, vulnerable patients and care home patients, to provide optimal care for them. The practice ensured that patients in need of support were referred into the single point of access (SPA) to access a range of voluntary services to support them to live in their homes.

The practice provided primary care medical services to three local nursing and residential care homes and also a specialist dementia unit. We spoke to the manager at one

home who informed us that the practice were responsive to requests for visits. The manager stated the service received from the practice was excellent and that their staff were consulted about patients and relatives were also invited to attend when appropriate to contribute to discussions about ongoing 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 (MCA) 2005, and we saw evidence of completed MCA and Deprivation of Liberty (DoLS) training by clinicians.
- 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, where appropriate, recorded the outcome of the assessment. For example, the practice informed us how they had agreed plans for patients with learning disabilities requiring cervical and breast screening.
- Patients undergoing minor surgical procedures were required to give verbal consent for their procedure and we fed back to the partners that written consent might be more appropriate in order to protect the rights of the patients and the practice staff. Before we left the practice on the day of the inspection, a written consent had been produced ready for immediate use.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and smoking cessation.
- 899 patients aged 15 and over who smoked had been offered support or treatment to stop smoking in the last two years and 429 were reported by the practice to have stopped smoking.
- The practice's uptake for the cervical screening programme was 89% and this was above the CCG average of 82% national average of 82%. The practice also had an above average uptake for patients attending

Are services effective?

(for example, treatment is effective)

bowel and breast cancer national screening programmes. For example, uptake for breast cancer screening in the last 3 years was 79% (compared with a local and national average of 72%). Uptake for bowel cancer screening was 62% (compared with a local average of 59% and a national average of 58%).

- Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% compared against a CCG average ranging from 92% to 96%, and five year olds from 98.4% to 100%. Flu vaccination rates for the over 65s were 79%, (nationally this figure is 73%) and at risk groups 91% (above the national average of 57.3%).

The practice had a proactive approach to the management of diabetes and had established a pre-diabetes register, and routinely tested bloods for patients with a long-term condition to assess any risks of them developing the disease. This enabled patients to be supported to manage the risk, primarily by diet and exercise.

Patients had access to appropriate health assessments and checks. A total of 535 eligible patients had received a NHS health check since its introduction. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in nurse consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. GP consultation rooms had separate examination rooms adjoined to them which enabled patients' privacy to be maintained.
- 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.

As a rural practice, the team knew their patients very well. We were given examples of where practice staff had undertaken additional tasks to help patients to keep them safe. This included, GPs delivering medicines to vulnerable patients at home; administrative staff telephoning patients who had not been well to check if they required any help and calling patients with memory difficulties to remind them of a forthcoming appointment; reception staff informing the GP when they noticed that a patient was acting in a way they knew to be out of character, and thus indicated a need for a consultation.

All but one of the 41 patient CQC comment cards we received were extremely positive about the levels of care experienced. Several comments referred to, 'consistently excellent care', five comments mentioned staff who were trustworthy and professional, two cards mentioned, 'exemplary nurses' and one card summarised the practice as, 'They care so much about us patients.' Similarly, the thirteen patients we spoke with described a well organised practice run by staff who were prepared to go the extra mile for their patients. One patient told us about a flood which had closed the branch surgery, but that due to exemplary business continuity planning, no appointments had been lost. A second patient remarked on how swiftly her baby had been seen whenever she had cause for concern. A third patient described how well the asthma nurse delivered care to children, by speaking directly with them, listening to

their concerns and acting on them. A fourth patient explained how the GP had supported her when a family member became ill, taking time to explain what might happen and personally assisting in the search for a good nursing home. A fifth patient expressed their satisfaction with the work ethic demonstrated by the lead diabetes nurse who had provided her personal mobile number and email address so that she could offer additional support at weekends to patients who were starting to take insulin for the first time.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice performed above local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 88% of patients said the GP gave them enough time compared to a CCG average of 87% and a national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to a CCG average of 96% and a national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to a CCG average of 85% and a national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 91% and a national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to a CCG average of 88% and a national average of 87%.

The practice placed 'Friends and Family' comments cards in the reception area between January and March 2016 and prompted patients to state whether they were likely to recommend the practice to their own friends and family. Thirty-three patients provided a response and all stated that they were 'extremely likely' to recommend the practice in this way.

Care planning and involvement in decisions about care and treatment

Patients told us that 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



Are services caring?

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.

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 above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to a CCG average of 82% and a national average of 82%.

A manager of a local care home covered by the practice told us the GPs treated their residents with care and respect, and were also happy to meet with relatives or carers to discuss the treatment being provided to individuals. The GP visited weekly and would respond on the day to any identified urgent medical needs. Every patient had a quarterly review to check they were well and to check that their prescribed medicines were still indicated.

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 had identified 1.3% of its patients as carers. Carers were identified by both clinicians and reception staff and actively encouraged to register as a carer and provided with the most recent “Carewaves” booklet (Carers in Hertfordshire). The practice maintained a register of carers and this role was clearly identified on patient records (both as a read code and as a reminder on the front page of the SystemOne patient record). A GP Partner was the lead for carers and provided oversight for all carers who were patients at the practice and provided advice to staff around carer issues.

Carers’ health and holistic needs were reviewed opportunistically during their own appointments and when seen with the patient they were caring for, both in the

surgery and at home visits. Where appropriate, the needs of carers were discussed at 6 weekly MDT meetings. With the MDT coordinator, the practice discussed patients who may be in difficulties should their carer need a break or be unable to fulfil their role. The practice sought to forward plan for these eventualities to avoid detriment to the patient's care or stress to the carer. This planning involved District Nurses, social services, local residential homes and patient transport.

The practice identified a need for village patients (who often struggle to attend the town meetings) to access more local support. They therefore arranged a local meeting at Barley Village Hall in conjunction with Carewaves and Citizens Advice Bureau which was well attended and provided further connection between the surgery and carers in the community. The practice is also establishing a carers group for its vulnerable village patients. At the time of our inspection there were no young carers at Barley Surgery, although all staff members were aware of patient family dynamics and observed a low threshold for informing clinicians. By integrating under 18s into the PPG, the practice was well placed to support young carers, should the need arise.

The practice worked within the Gold Standards Framework (GSF) standards to manage end of life care in conjunction with the wider multi-disciplinary team. Although the practice was not signed up to the GSF formally, they followed the standards to support high quality and co-ordinated end of life care. We spoke to community based health staff and a care home manager who were highly complementary with regards their views on the level of care provided to end of life patients by the GPs. For example, the GPs ensured that they responded to patients’ needs promptly and made arrangements to plan for systems to be in place, for example, if additional means of pain control were required.

Practice staff told us that they contacted families who had suffered a bereavement to offer condolences and offer support should it be required. We spoke to a patient who was recently bereaved and they expressed gratitude for the personal attention and care from both the reception and clinical staff at this difficult time.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had highlighted the need for additional local assessment for sleep apnoea and the practice had trained their own staff to carry out an assessment clinic.
- Routine GP appointments were usually available within five working days, and urgent appointments were available on the day. The practice offered an extended hours surgery every Monday evening until 8.15 pm at the Barley Surgery. Patients could book a routine appointment up to three months in advance. Access was closely monitored and additional GP and nurse practitioner sessions would be organised when demand was high. On the day of our inspection, we observed that appointments were available on the day and after this the next available appointment was in four working days.
- The practice had a flexible approach for appointments with vulnerable patients, and tried their best to accommodate them at the most suitable time for each individual.
- The practice offered telephone consultation appointments each day, to aid access for those patients who could not easily attend during the working day.
- The practice provided a range of nurse-led services including INR monitoring (to monitor the use of warfarin for the management of blood clotting), travel vaccinations, and contraception and sexual health clinics.
- The practice also hosted other services for their patients on site. This included:
 - A health advisor provided advice on issues including weight management and smoking cessation.
 - Minor surgical procedures were available via all five GPs across both sites.
 - Nurses ran specialised clinics for the management of asthma, diabetes and coronary heart disease.
- Home visits were available for patients who would benefit from these. There were longer appointments available for people who might require them, for example, patients with a learning disability
- Homeless people could register with the practice.
- We spoke to a manager at a local care home who informed us that the GP visited routinely on a weekly basis, and also would attend on the same day for any urgent needs including patients at the end of their life. All patients were reviewed at least every quarter to check they were well, and to rationalise their prescribed medicines.
- There were disabled facilities including automatic entrance doors and disabled toilets. A hearing loop was not available, although staff knew how to assist people with visual impairment.
- Translation services could be accessed if required for patients whose first language was not English.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, carers, mental health services and dementia. There were displays providing information on cancer warning signs.
- The practice website contained some general details for patients, including smoking cessation, contraceptive services, minor surgery and travel vaccinations. There was scope to include some information and links for carers and also to provide information on making complaints.
- We spoke with clinicians who worked with the practice, but were employed by different organisations, and they described the practice as being highly receptive to any suggestions they made, and that their interactions with the practice were consistently positive.

Access to the service

The practice opened between 8.30am and 6.00pm from Monday to Friday. Appointments were available through the on-line booking system as well as by telephone or in person. In addition, pre-bookable appointments could be booked up to three months in advance for a GP, and appointments were available on the day for people that needed them.

The practice provided extended opening hours at Barley Surgery on Monday evenings until 8.15pm and once a month Barley Surgery was open from 8.30am to 10.30am on a Saturday to accommodate the needs of working patients.

Are services responsive to people's needs?

(for example, to feedback?)

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 78% of patients said they could get through easily to the surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 78% of patients said they usually got to see or speak to their preferred GP compared to a CCG average of 61% and a national average of 59%.
- 74% of patients described their experience of making an appointment as good compared to a CCG average of 77% and a national average of 73%.
- 55% of patients said they usually waited 15 minutes or less after their appointment time compared to a CCG average of 64% and a national average of 65%.

People told us on the day of the inspection that they were able to get appointments when they needed them, and all feedback received on comments cards (with the exception of one) mentioned that access to a GP appointment was good.

Listening and learning from concerns and complaints

The practice had an effective 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 scope to include information relating to complaints on the practice website.
- There was a designated responsible person who handled complaints in the practice.
- We saw that information was available to help patients understand the complaints system within the reception area.
- Patients were also invited to provide compliments when they had received good care. The practice also reviewed these to ensure if any wider learning could be applied.

We looked at the four complaints received by the practice in the last 12 months and found this was dealt with in a satisfactory and timely way, and handled with an open and transparent approach. Lessons were learnt from complaints, including those made verbally and action was taken as a result to improve the quality of the service.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The partners had a clear vision to, 'continue to provide and protect the best of family medicine whilst also moving into the modern world in order to achieve the best outcomes for patients.' The practice had a strategy and a supporting three year business plan which reflected their values and aspirations. The plan included a proactive approach to workforce development and succession planning, and included action plans to monitor progress. The partners had engaged with other local GP practices to consider the potential for a more federated way of working in the future.

The partners had worked on a modernisation programme to ensure the practice was able to respond effectively to meet the changing demands of general practice. The partners had reviewed the skill mix of the staff team to make best use of resources, and had supported staff development including additional specialised skills for the nurses and phlebotomist.

The partners had demonstrated their ability and resilience to respond to unplanned challenges. Seven months previous to our inspection the branch surgery (Market Hill) had to be closed following a serious flood. Staff and patients both fed back that, due to an effective business continuity plan in place, no patient appointments had been cancelled either on the day of the flood or in the ensuing period. Furthermore practice staff described the flooding incident as one which had promoted positive team work across the two surgery sites.

The partners had identified the need to provide a local assessment clinic for sleep apnoea and had trained the practice phlebotomist so that patients could have an initial assessment at the surgery without the need to be referred to the local hospital. The practice had also been instrumental in setting up a GP liaison service with Cambridge University Hospitals Foundation Trust. These are both examples of improving and shaping services to meet needs in the most convenient way for the patient.

Governance arrangements

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

- A range of practice policies were implemented and readily available to all staff
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- There was a comprehensive understanding of the performance of the practice, and the utilisation of comparative data across the CCG to review outcomes whenever this was indicated.
- A programme of clinical audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership, openness and transparency

- The partners and practice manager had the experience, capability and enthusiasm to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Management were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff.
- The practice held weekly clinical meetings monthly and regular multi-disciplinary team meetings and palliative care meetings. We saw evidence of well-documented minutes from these meetings.
- Practice team meetings took place and staff told us that there was a blame free and open culture and that they had the opportunity to raise any issues that they felt confident in doing so and were supported if they did. There was very low staff turnover and staff told us that they enjoyed working at the practice.
- Staff said they felt respected, valued and supported by the practice management. The team felt included in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The partners and practice manager had organised team building events to encourage strong team relationships.

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

- The practice encouraged and valued feedback from staff. This led to a daily interaction between the practice manager and all of the practice team being implemented to enhance communications.

Are services well-led?

Good 

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

- A PPG was formed one year ago and now meets on a bi-monthly basis and has submitted proposals for improvements to the practice management team. For example, two new telephone lines have been installed, a call waiting system has been adopted and a new message was put into use to better direct callers.
- The practice had a team of community volunteers who visited isolated patients and delivered shopping to them.
- 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. For

example, a suggestion to visit a local primary school to talk about GP practice had been actioned, resulting in strong relationships with the school and less anxious younger patients.

Continuous improvement

The practice team were forward thinking and were in the process of refurbishing their site to enhance patient facilities. The partners were mindful of the potential ways that primary care services may need to adapt to meet future demand and the availability of resources. They were considering how this might impact on their practice and were working with local practices and their CCG to prepare for this, to ensure they could address challenges and maximise opportunities to develop.