

# Cambridge Access Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Outstanding



# 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 Cambridge Access Centre on 22 August 2017. Overall the practice is rated as outstanding.

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

- The practice demonstrated there was strong clinical leadership and cohesive team working with both the practice team and with other services such as drug and alcohol services to deliver health care to their specific population.
- 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. The practice had a risk calendar to monitor when risk assessments were due.
- Staff were aware of current evidence based guidance. Staff had been specifically trained to undertake the role of treating homeless patients.
- Results from the practice patient survey showed patients reported they were treated with care and would recommend the practice.
- There was evidence of the practice providing additional services to patients including receiving mail for those with no fixed abode, offering to charge mobile phones, providing lunch once per month and providing clothing and bedding to the local homeless shelter.
- The practice had identified 4.8% of their population as carers and were proactive in the management of carers.
- Information about services and how to complain was available and easy to understand. The practice recognised the population they served were more

# Summary of findings

likely to give verbal feedback rather than written and had a system to record both. Complaints were fully investigated and patients were responded to with an apology and full explanation.

- For those patients who were not able to make appointments the practice offered a drop in clinic every morning at the practice and also twice weekly at the local shelter.
- A practice initiative to start a support group for patients with Hepatitis C was being advertised and they had a 'clean needle' campaign in place.
- The practice held a comprehensive central register of policies and procedures which were in place to govern activity.
- 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 patient participation group (PPG) had recently disbanded due to unforeseen circumstances. The practice was actively trying to recruit new members and could evidence they had involved the PPG with patient surveys.

- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

There was an outstanding caring culture within the practice and we saw many examples. Staff treated all the patients as individuals and patients we spoke with confirmed this. Staff had donated items such as clothing and bedding to the local shelter and provided a lunch once a month at the practice for patients. There was always fruit and biscuits available at the practice for patients who wanted them and staff ensured patients enhanced needs were met. Staff knew their population well and would phone the outreach team to check on patients if they had not been to the practice for a period of time. When patients were admitted to hospital, the practice checked they had essential personal belongings. A common mode of transport for patients was by bicycle which had to be left at the front of the building, so the practice provided bike locks to ensure they were kept safe. Patients were allowed to charge their phones at the practice to ensure they could be contacted when necessary. For those patients with dogs, the practice provided water and shelter for them while the patient was seen by a clinician. We received 27 comment cards from patients. All 27 reported caring, professional, approachable staff.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- We found there was an effective system for reporting and recording significant events; lessons were shared with the practice and the other agencies that they worked closely with 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, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. Where appropriate, patients were invited in to discuss the outcomes of significant events.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were effective recruitment processes in place and all members of staff had received a Disclosure and Barring Service 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).
- The practice managed patients who may have substance misuse issues and where appropriate in conjunction with a care plan issued prescriptions for medicines such as methadone. There was evidence of comprehensive training for clinicians undertaking this role and a policy and protocol in place for the prescribing of methadone. The systems and processes for repeat prescribing, including high risk medicines, kept patients safe.
- There were various risk assessments in place which included a risk assessment for the control of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was a compliance calendar to ensure risk assessments were carried out in a timely manner within policy.
- The practice infection control and prevention systems in place to ensure that patients and staff were kept safe from harm were detailed and embedded. For example reception staff cleared and cleaned waiting areas throughout the day.

### Are services effective?

The practice is rated as good for providing effective services.

Good



# Summary of findings

- Data from the Quality and Outcomes Framework showed the practice was an outlier. However, this was reflective of their small list size of 500 registered patients and because of their specific demographic.
- The practice monitored their performance through a variety of audits relating to prescribing, clinical intervention and compliance. Audits were reflective of the population and included an audit of treatment for chronic alcoholism and diabetes.
- All members of staff were suitably trained to carry out their roles. All staff had been trained in substance misuse and staff reported training needs were supported by management.
- 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, including the mental health team, psychiatrist and local shelters.
- End of life care was coordinated with other services involved. Where possible the patient remained under the care of the service during this time.
- The practice supported patients to attend external appointments such as hospital appointments. The practice were aware of the appointments and contacted the patient prior to the appointment to remind them to attend. If patients were admitted to hospital they phoned the patient to offer support and were aware of any discharges.
- The practice ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient. For example, the practice sent or telephoned information of consultations to the patients regular GP if they were registered as a temporary patient.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the practice patient survey showed patients rated the practice highly for several aspects of care.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The staff allowed patients to charge their mobile phones in the practice and provided a lunch every month for a local drop-in

**Outstanding**



# Summary of findings

group. They also provided items such as clothes and sleeping bags for the local homeless shelter. They allowed patients to use the practice address for delivery of any mail when they did not have a fixed address.

- The practice had identified 4.8% of the population as carers. The practice were proactive in supporting these patients and also noted whether patients had a key worker from the local shelters on their notes. Key workers attended weekly multidisciplinary team meetings.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff had received training in confidentiality, mental health conditions, managing challenging behaviour, conflict resolution and the Mental Capacity Act.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us they found it easy to make an appointment with a GP and that there was continuity of care. Results from the practice survey aligned with these views. The practice also provided a drop in clinic twice per week at the local homeless shelters.
- Patients we spoke with told us that they found the practice was responsive to their needs and if they were not in the area at the time of requiring health care they would travel back to the practice to seek it.
- In recognition of a growing prevalence, the practice was working with the local hospital to implement a Hepatitis C clinic for patients to ensure patients with this condition received the support and education to manage their condition.
- To encourage safe practice the practice had a 'clean needle' campaign to target infection rates.
- The practice ensured the facilities were well equipped and maintained to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Limited complaints had been made, however the management team proactively gained feedback from patients, including verbal feedback.
- Translation services were available for patients whose first language was not English. This ensured patients understood their treatment options. The practice also utilised face to face sign language interpretation services for any patients who were deaf.

Good



# Summary of findings

- The waiting room had information relating to the needs of the population, including local homeless shelters contact information.
- Through joint working, the practice had examples of patients who had been supported through a difficult period of their lives and had returned to paid employment. In some cases with agreement the patient had remained registered at the practice giving them the continuity of care to sustain their improved health outcome.

## Are services well-led?

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

- 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 this. The practice business plan was reviewed on an annual basis.
- There was a clear leadership structure and staff felt supported by management. The practice demonstrated that there was strong clinical leadership and cohesive team working with both the practice team and with other services such as drug and alcohol services to deliver health care to their specific population.
- The practice had a number of practice specific policies and procedures to govern activity.
- 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 practice had a compliance calendar in place to regularly monitor when audits and risk assessments were due.
- Administration staff discussed their own working arrangements and ensured rotas were filled. Management reported this increased ownership of their role and improved team work.
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty.
- Staff told us they had received comprehensive induction and ongoing training programs, this included additional training which specifically met the patient's needs.
- The practice proactively sought feedback from staff and patients which it acted on.
- There was a strong focus on continuous learning, improvement and development of the service at all levels.

**Outstanding**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as outstanding for the care of older people. Due to the demographics of the population, the practice had limited older people registered as patients.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits to the temporary shelters where patients may be staying and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. The practice also ensured these patients were appropriately referred on for social issues such as housing.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs. They also contacted patients when they had been admitted to hospital to see if they could bring them any essential belongings or contact family.
- Where older patients had complex needs, the practice shared summary care records with local care services, including the mental health service, community matron and psychiatrist.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible, including advice on drug and alcohol dependency.

Outstanding



### People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions. Due to the demographics of the population, the practice had limited people with diagnosed long term conditions registered as patients but the practice was active in identifying patients with long term conditions.

- Performance for diabetes related indicators was 96%, this was 5% above the CCG and England average. The exception reporting rate was 20%, which was higher than the CCG average

Outstanding





# Summary of findings

of 13% and the national average rate of 12%, this was due to the small number of patients with diabetes. The prevalence of diabetes was 2% which was lower than the CCG average of 6% and the national average of 6%.

- 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.
- The practice recognised that due to the demographics of the population, patients may not attend appointments for long term follow ups. Therefore, they had implemented systems including contacting the local police outreach team if patients had not been seen for a while, text and phone call reminders and writing appointments down for the patient.
- All these patients had a named GP. 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 practice is rated as outstanding for the care of families, children and young people. Due to the demographics of the population, the practice had no patients aged under 18 registered with the practice.

- The practice had safe and effective systems in place for safeguarding children and adults and were aware of the complex situations that patients may be in with families.
- The practice did not treat patients under 18; if a patient under the age of 18 presented at the practice, there were systems to ensure timely onward referral to appropriate services. The practice would phone practices they referred to, to ensure the young person would receive appropriate treatment.
- The practice identified at an early stage those patients that required maternity and midwifery services and referred them on as appropriate.
- Where patients required services including family planning, the practice referred them on appropriately.
- The practice had completed 68% of cervical smears in the last year compared to the national average of 76%. The practice recognised that due to practice demographics, it may be difficult to get patients to attend appointments for cervical smears. The practice had a system where the practice nurse would go into the community to contact non-attenders and explain the importance of the smear test and book appointments where appropriate.

**Outstanding**



# Summary of findings

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

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

- The practice allowed patients seeking jobs and housing to use the practice as a fixed abode address to send mail to. There was a system in place to ensure these were handled appropriately.
- The practice had nurses trained in smoking cessation and offered support to those patients who needed it.
- The practice held drug and alcohol misuse clinics with the inclusion team who were situated in the same building, twice per week. Patients were closely monitored and the practice had good lines of communication with the local pharmacy for those patients who had daily medicine needs.
- The practice sent text message and phone call reminders to patients who were due an appointment at the practice. They also did this for any other health appointment to encourage attendance by patients. The practice also allowed patients to charge their mobile phones at the practice.

Outstanding



## People whose circumstances may make them vulnerable

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

- The practice had a population of homeless, those at risk of homelessness and those in sheltered accommodation.
- End of life care was delivered in a coordinated way which took into account these circumstances. The practice ensured any patient that was end of life had appropriate social plans in place.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including the community matron, the local homeless shelters and the church when they held winter meals for patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations, including local shelters.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Outstanding



# Summary of findings

- The practice understood homeless patients may not know how to register. They proactively went into the community to encourage registration and improve access to healthcare. A GP and nurse held two weekly drop-in sessions at the local shelter.
- A common mode of transport for patients was by bicycle which had to be left at the front of the building, so the practice provided bike locks to ensure they were kept safe. The practice had noted an increase in patients suffering domestic violence. Therefore, they had trained staff to deal with this and implemented strategies to ensure these patients could receive care in a discreet manner.

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

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

- The practice had very limited numbers of patients with dementia but were aware that patients may be at risk of alcohol induced dementia. The GPs and nurses regularly gave healthy living advice and ran an alcohol detox clinic. The aim was to reduce the occurrence of alcohol-induced dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice prescribed methadone where clinically appropriate. There were very clear guidelines for this which were available on the computer, in paper format, in all clinical rooms and in the reception area. The practice worked very closely with the inclusion team when prescribing methadone to ensure evidence based guidance was followed and for regular case discussion.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. This included the psychiatrist, inclusion team, mental health team and police outreach team.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations, including the local shelters.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia and were all trained in these areas.

Outstanding



## Summary of findings

- Non-clinical staff attended training courses to understand some of the more complex behavioural patterns usually associated with conditions such as schizophrenia.

# Summary of findings

## What people who use the service say

Due to the practice demographic, there were no results from the national GP patient survey. However, the practice had completed their own survey in February 2017 which reflected questions from the GP patient survey. They had involved the patient participation group to ensure the questions were reflective of the service they offered. There were 30 respondents, this represented 6% of the practice list, and the results showed:

- 100% of patients described their care as satisfactory, good or excellent, with 80% describing it as excellent, 16% as good and 4% as satisfactory.
- 100% of patients said it was easy to book an appointment ahead of time at the practice.
- 100% of patients said they would recommend this GP practice to someone who required similar care and treatment.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Comments included that staff treated patients as individuals, understood their circumstances and had changed the lives of many patients.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Both patients reported that the service had improved their health and had recommended the practice to other patients.

## Areas for improvement

## Outstanding practice

There was an outstanding caring culture within the practice and we saw many examples. Staff treated all the patients as individuals and patients we spoke with confirmed this. Staff had donated items such as clothing and bedding to the local shelter and provided a lunch once a month at the practice for patients. There was always fruit and biscuits available at the practice for patients who wanted them and staff ensured patients enhanced needs were met. Staff knew their population well and would phone the outreach team to check on patients if they had not been to the practice for a period of time. When patients were admitted to hospital, the

practice checked they had essential personal belongings. A common mode of transport for patients was by bicycle which had to be left at the front of the building, so the practice provided bike locks to ensure they were kept safe. Patients were allowed to charge their phones at the practice to ensure they could be contacted when necessary. For those patients with dogs, the practice provided water and shelter for them while the patient was seen by a clinician. We received 27 comment cards from patients. All 27 reported caring, professional, approachable staff.

# Cambridge Access Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Cambridge Access Surgery

Cambridge Access Centre is a provider of specialist GP services and offers a range of services to patients that are homeless, at risk of homelessness or those in sheltered accommodation. The practice is not contracted to register patients aged under 18 years of age. The practice has a patient population of approximately 500 patients. Many of these patients are drug and/or alcohol dependent. The main population group is aged 26-40. The practice offers substance misuse clinics twice per week, as well as general medical services for their population. The practice also offers drop in clinics at the local homeless shelters twice per week and also reaches out to the population by visiting patients that are homeless and encouraging attendance to the practice. The practice also uses this method to register patients with the practice. The clinic is based close to the city centre of Cambridge. The practice holds a list of registered patients and offers services to patients who have no fixed abode but reside in Cambridge or consider Cambridge their place of choice to access health services.

The provider, Malling Health, is registered with the Care Quality Commission to provide services at Cambridge Access Centre. The property is rented by the provider and consists of a patient waiting room, reception area and administration office on the ground floor and consulting

rooms which are located on the ground floor and lower ground floor of the property. There is no on site car parking outside the practice for patients, however, there is a public car park nearby.

The practice employs four female GPs, two practice nurses, a practice manager, and three administrators who also carry out reception duties. The practice employs a male locum GP to see any patients that request a male clinician. The practice is supported by the provider, Malling Health, and staff report easy access to nursing and human resources departments when required.

The practice is open from 9am until 4.15pm Monday to Friday. The practice is closed between 11am and 2pm daily.

The provider is not required to offer an out-of-hours service. Patients who need emergency medical assistance out of corporate operating hours are requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency. This is detailed on the practice website.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the Clinical Commissioning Group to share what they knew. We carried out an announced visit on 22 August 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, administration and reception staff 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

### 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 three 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, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Where appropriate, the practice would invite patients in to discuss the outcomes of events and learning that had been implemented.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, processes relating to the use of chaperones were reviewed and updated following an incident relating to a chaperone not being used when a patient had been escorted to the practice by the police.
- The practice also monitored trends in significant events and evaluated any action taken. They included other agencies in discussions and learning when appropriate.
- There was an effective system in place for the receiving, actioning and sharing of patient safety alerts. There was a log of these and patient records reflected any actions taken in response to the alerts.

### Overview of safety systems and processes

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

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

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP responsible for safeguarding. If any children were brought to the service, the GP appropriately referred any safeguarding matters to the relevant services as the practice did not see patients under the age of 18. Staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to 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 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). We saw evidence of chaperone training certificates during our inspection. A chaperone policy was in place.

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 prioritised the infection and prevention within the whole practice team. For example reception staff thoroughly cleaned and tidied the waiting areas between opening sessions.
- The practice nurse was the infection control lead. All staff including the infection control lead had received infection control training. The practice had an infection control policy in place. We saw evidence that infection control audits were undertaken for each consulting room and all other areas of the practice. We also saw that hand hygiene audits were undertaken twice per year. We saw evidence that action was taken to address any improvements identified as a result. Hand sanitizing gels were available on the reception desk and in all patient areas for patient and staff use.
- Suitable processes were in place for the storage, handling and collection of clinical waste.
- Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit. The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who



## Are services safe?

had direct contact with patients' blood for example through use of sharps. The practice had a safe and effective system in place for the collection of pathology samples such as blood and urine.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- During our inspection we looked at the systems in place for managing medicines. Medicines were stored appropriately in the practice. There were processes in place to ensure that the medicines were safe to administer and supply to patients.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. All blank prescription forms were returned to a locked area at the end of the day. We observed safe procedures relating to locked reception areas and clinical rooms.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer and/or supply medicines in line with legislation. We saw evidence of PGDs during our inspection which were signed and dated.
- We saw evidence of a repeat prescribing policy. Only GPs and the advanced nurse practitioner who held a prescribing qualification were authorised to prescribe medicines and issue repeat prescriptions.
- During our inspection we observed that all vaccinations were stored appropriately. We saw evidence of a cold chain policy in place (cold chain is the maintenance of refrigerated temperatures for vaccines). We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis.
- The practice issued prescriptions of methadone for some patients. There was evidence of comprehensive training for all clinicians undertaking this role, including updates. To further support this role, there was a policy and protocol in place for the prescribing of methadone. The clinicians also met twice per week to discuss these patients and the management of them.
- The practice assessed patients that may be at risk of an overdose from heroin misuse. They prescribed these patients with a drug to reverse the effects of an overdose and fully explained how and when to use this drug to patients.

- There were limited patients on high risk medicines. However, the practice was able to identify each patient on a high risk medicine, such as lithium and warfarin, and demonstrated safe monitoring and management of these patients.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There was a log in place to monitor all recruitment files were up to date with the necessary information, including evidence of medical indemnity insurance for GPs. GPs were registered with the General Medical Council (GMC). The practice manager carried out regular checks of GMC and Nursing and Midwifery Council (NMC) registration and held a register of the registration details.

### 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 and an extensive risk assessment in place, which covered lone working.
- 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.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, 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.

## Are services safe?

- There was a compliance calendar in place to ensure that all risk assessments and associated actions were carried out in a timely manner. All staff had access to this and could clearly identify their roles in relation to it.

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

The practice had adequate arrangements 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.
- Safety of patients and staff was paramount to the practice. There had been changes in the chaperone policy to reflect improved safety for clinicians and patients. It was made clear to patients that there was a zero tolerance policy towards inappropriate behaviour.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. All staff had been trained in the use of the business continuity plan to ensure they were competent and confident if an emergency arose.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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 in relevant areas. For example, guidelines on prescribing for alcohol and drug withdrawal were kept on the computer and copies were kept in consulting rooms and behind reception. 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, as well as discussion on a weekly basis with other health care professionals in the field.

### 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 were 86% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 96% and national average of 95%. Unverified data from 2016/17 shows overall performance for QOF improved to 91%. The practice performance shows that they are an outlier in relation to the local and national targets; this is reflective of their small list size of 500 registered patients and because of their specific demographics. During this inspection we saw evidence to show that the practice managed the health outcomes including long term conditions of this population effectively.

The overall exception reporting was 18% which was 7% above the CCG average and 8% above the national average. (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). This was also reflective

of their small patient population and the characteristics of this population. The practice had a meeting to discuss every patient that had been exception reported and the reasons surrounding this to ensure they were appropriately excepting patients. A common theme was patients not attending appointments, therefore the practice planned to offer more opportunistic health checks for these patients and improve access to telephone appointments. The practice planned to continue the outreach system with the GP and nurse.

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 96%, this was 5% above the CCG and England average. The exception reporting rate was 20%, which was higher than the CCG average of 13% and the national average rate of 12%. The prevalence of diabetes was 2% which was lower than the CCG average of 6% and the national average of 6%.
- Performance for mental health related indicators was 88%. This was 6% below the CCG average and 5% below the national average. The exception reporting rate was 15%, which was higher than the CCG average of 13% and national average of 11%. The prevalence of patients with recorded mental health conditions in the practice was 12%, which was higher than the CCG and national averages of 1%.
- The prevalence of patients recorded as having depression was 27%, which was higher than the CCG prevalence of 9% and the national prevalence of 8%. The performance for depression was 100%. This was 7% above the CCG average and 8% above the England average. The exception reporting rate was 46%, which was higher than the CCG average of 24% and higher than the England average of 22%.

The practice carried out prescribing audits to ensure treatment was in line with evidence based guidance. The practice held a register of all clinical audits carried out which included timescales for further re-audit. In addition, there was compliance calendar, which detailed dates for re-audit. The practice had carried out numerous audits including an audit of treatment provided to patients with chronic alcoholism following a NICE guidance update. During our inspection we saw evidence that clinical audits

# Are services effective?

## (for example, treatment is effective)

were effective and showed quality improvement. For example, the practice had reviewed and updated treatment plans for patients requiring diabetic eye screening and had found a 30% improvement in the second cycle of the audit.

Further to this, the practice monitored overall performance closely. They completed audits relating to the key questions inspected by the CQC. The practice were in the process of completing audits for safe, effective and caring. They had completed audits of governance, engagement and openness and honesty. As a result of this audit, the practice planned to carry out a staff survey. Another audit covered access, complaints and taking in to account the needs of vulnerable patients. As a result of this, the practice was making enquiries into purchasing a hearing loop. The practice had finished these audits close to the inspection date and as a result, had not yet completed the action plans in place.

### 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, mental health and confidentiality. We spoke with a member of staff that had recently been employed who told us the training was comprehensive and had prepared them for the role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with alcohol and drug dependency had completed appropriate training and refresher courses. There were clear guidelines available on the practice computer system and a copy of these was available in clinical rooms and in reception. Clinical staff reported training was encouraged and guidelines were discussed weekly. Non-clinical staff attended training courses to understand some of the more complex behavioural patterns usually associated with conditions such as schizophrenia.
- 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. Clinical staff also met twice per week with the inclusion team to discuss clinical cases and treatment.

- Staff received training that included: safeguarding, fire safety awareness, basic life support, mental health, conflict resolution and information governance. Staff had access to and made use of e-learning training modules, external training and in-house training. Non clinical staff were trained in mental health to increase awareness and improve treatment for patients from the first contact.

### 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.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice also followed up with the patient and rang them prior to any appointments to remind them to attend and assist with making travel arrangements where possible.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs. This included contact with the community matron, psychiatrist, local shelters and church, police outreach teams and mental health teams. The practice had an effective system to liaise with the patients regular GP if they were a temporary patient. The practice also ran joint clinics with the inclusion team which

# Are services effective?

## (for example, treatment is effective)

assisted patients with alcohol and drug dependencies. The practice met with them twice per week for peer review, discussion of relevant guidelines, patient discussion and joint clinics.

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 assisted patients to contact family and referred patients for housing where possible. The practice also allowed patients to use the practice address for mail. This ensured patients had a correspondence address which enabled patients to apply for jobs and housing. Where patients had been admitted to hospital, the practice contacted the patient to assess if they could assist; for example, by phoning relatives or providing clothing.

The practice held monthly meetings to discuss any deaths that had occurred with any patients registered at the practice, and for patients that had suffered bereavement. This meeting ensured these patients were appropriately followed up and offered support.

### 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.
- All staff were trained in mental health to ensure care was provided appropriately from the first contact.

- 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.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on addiction and those with social issues. The practice had a proactive outreach programme with the local shelters which encouraged registering with the practice and ensured patients who did not want to come to the practice could be seen.
- The practice shared premises with other agencies including the inclusion team who assist the practice with management of patients with drug and alcohol dependency.

The practice had completed 68% of cervical smears in the last year compared to the national average of 76%. The practice recognised that due to practice demographics, it can be difficult to get patients to attend appointments for cervical smears. The practice had a system where the practice nurse would go into the community to contact non-attenders and explain the importance of the smear test and book appointments where appropriate. The practice did not see any patient under the age of 18 years, but did have appropriate processes in place for onward referral for issues such as safeguarding and childhood immunisation.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All staff had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and the need for speaking with patients in private when discussing services they required.
- Staff regularly followed up patients that had not been seen in the practice for a while by contacting the street team, provided by the local police, to check their welfare.

Patient feedback on the 27 comment cards we received 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. A common theme on the cards was that the practice had significantly improved the lives of some patients and that patients were treated as individuals.

We spoke with two patients. They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Both patients reported that they felt they were treated as an individual and that all staff understood their health needs. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Due to the type of service provided, there were no results from the National GP Patient Survey. However, the practice had adapted the national survey to meet the needs of their patients with the assistance of their patient participation group. Results from this survey, carried out in February 2017, showed:

- 90% of patients said the GPs and nurses were good at helping them to cope with their health problems.

- 90% of patients said the GPs and nurses were good at helping them to keep healthy.
- 100% of patients said they found the receptionists at the practice helpful.
- 100% of patients said they were either likely or extremely likely to recommend the practice to someone who required similar treatment.

### 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 survey carried out by the practice showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 94% of patients said the GPs and nurses were good at helping them to understand their health problems.
- 100% of patients said the last GP or nurse they saw was good at involving them in decisions about their care.
- 100% of patients described their care as satisfactory, good or excellent, with 80% describing it as excellent, 16% as good and 4% as satisfactory.

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 and were appropriate for the practice population. For example, there was information relating to local shelters and safety when using needles.
- The practice staff regularly provided items such as clothing and sleeping bags for the local homeless shelters and offered to charge the phones of their patients. They also provided water for patient's dogs.





## Are services caring?

The practice had provided bike locks for their patients to ensure they could be kept safe and continue to use bikes as a method of transport. The practice held a monthly drop in clinic and provided lunch for patients. There was fruit and biscuits provided daily for patients. The practice also allowed the patients to use the practice address for their mail as they had no fixed address or other persons to receive their mail. The practice provided clothing and bedding to the local homeless shelter and allowed patients to charge their mobile phones at the premises.

- The practice took into account the needs of patients. We saw specific examples of staff going above and beyond normal care to ensure patient's needs and wishes were met.

### **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. This included local shelters, clean needle campaigns and leaflets for carers. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients as carers (4.8% of the practice list). The practice was proactive

in identifying carers and ensuring they had correct support mechanisms in place. For example, the practice often discussed these patients in multidisciplinary team (MDT) meetings with external agencies such as the mental health team and local shelters to ensure care was co-ordinated. The practice also identified if patients had 'key workers' in local shelters. These key workers attended the MDT meetings to further enhance care. There was information in the waiting room relating to carers and written information was available to direct carers to the various avenues of support available to them. The practice discussed carers needs at regular MDT meetings to ensure they were fully supported.

Staff told us that if families had experienced bereavement, their usual GP contacted them and sent a sympathy card. This was followed up by an appointment with the GP, even if these patients were not registered at the practice. The practice would refer families on for bereavement services where appropriate. Where appropriate, a member of the practice staff attended funerals of patients that had passed away. For patients that had experienced bereavement, the practice contacted the patient and offered a GP appointment. This was followed by onward referral where appropriate to bereavement services. The practice discussed all patients that passed away in a meeting to ensure these processes had been followed and to maximise the support they offered.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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:

- There was good access to the practice; there was a ramp at the main entrance and disabled patients were seen for their appointment in a ground floor consulting room. Patient toilet facilities were also available on the ground floor. As there were some consulting rooms on the lower ground floor, patients mobility was assessed and, if there were any concerns, patients were seen on the ground floor.
- The reception desk was located in the patient waiting room. However, there was a separate administration office where all incoming telephone calls were dealt with to ensure privacy and confidentiality for patients.
- Telephone translation services were available for patients whose first language was not English. This also ensured that patients understood their treatment options. The practice also utilised face to face sign language interpretation for any patients that needed them.
- The practice were planning to purchase a hearing loop to further improve access for those patients with hearing difficulties as part of the action plan from a recent audit.
- There was a comprehensive practice information guide which included arrangements for dealing with complaints, arrangements for respecting dignity and privacy of patients and also the treatment options and services available.
- Health promotion information was available for patients in the waiting room that was specific to patient needs. This included information on local homeless shelters services, a 'clean needle' campaign and information on Hepatitis C.
- The practice had recognised that, as a result of their success engaging with their patients, the number of Hepatitis C diagnoses was increasing. In response, the practice had engaged with the local hospital and had set up a Hepatitis C clinic. This was due to commence in September 2017 to treat patients affected and would offer a drop in session for a group discussion/education forum for patients.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice. Each home visit to local shelters or temporary housing was assessed prior to being undertaken for safety and clinical need.
- 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.
- The practice sent text message reminders of appointments and test results. The practice also text or phoned patients to remind them of appointments with other agencies, including the local hospital, to encourage attendance. If patients could not get to appointments, the practice would assist in arranging transport.
- The practice had recognised that it was difficult for patients to apply for jobs or housing if they had no fixed abode. Therefore, the practice allowed patients to use the practice address for mail. Patients reported this was very useful and there was an effective system in place to allow for this.
- The practice had noted an increase in patients suffering domestic violence. Therefore, they had trained staff to deal with this and implemented strategies to ensure these patients could receive care in a discreet manner.
- There was a practice leaflet which detailed the service provided by the practice and helpful contact numbers that were reflective of the population. For example, the outreach team, day centres, pharmacies, social services, housing advice and out of hours services.
- The practice employed a male locum GP to see any patients that requested a male clinician. There were systems in place to appropriately refer patients to emergency services if the presentation was urgent.

### Access to the service

The practice was open between 9am and 4.15pm Monday to Friday. Appointments were from 9am to 11am every morning and 2pm to 4.15pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, drop in appointments were also available for patients that needed them in the morning. Patients reported this was an effective route of access. The



# Are services responsive to people's needs?

(for example, to feedback?)

practice also completed drop in sessions at the local shelter with a GP and nurse to ensure patients could be seen in this environment if required. Results from the practice survey, carried out in February 2017, showed:

- 100% of patients that had needed to access same day appointments reported they could access the service on the same day, if required.
- 100% of patients reported it was easy to get an appointment at the practice.
- 100% of patients said they could get through to the practice by phone.
- 72% said it was easy to speak to a GP or nurse on the phone.

The practice had offered more telephone appointments as a result of the survey they had carried out. Patients told us on the day of the inspection that they were able to get appointments when they needed them. 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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- The practice held a record of all complaints received, including verbal complaints, which included a record of all actions taken as a result of complaints received.
- A complaints form was available to help patients understand the complaints system. There was information on how to complain in the patient guide, patient waiting area and on the practice website.

The practice had only received one complaint in the last 12 months. We found this was satisfactorily handled and dealt with in a timely way. We saw evidence of a written acknowledgement sent to the patient which included full details of investigations carried out and an apology given where necessary. The practice demonstrated an open and transparent approach in dealing with complaints. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice was proactive in encouraging patient feedback. The practice had completed a survey and acted on the response and reception staff were trained to address any verbal complaints.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The practice had a clear vision and clear ethos to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and website and staff knew and understood the values. The mission was 'to improve the health, well-being and lives of those we care for'.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were proactively monitored.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice held a register of all professional registrations for clinical staff such as the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC). The register included details of medical indemnity insurance, renewal dates, dates checks were undertaken, Hepatitis B status, and dates training was completed.
- Practice specific policies were implemented and were available to all staff and staff had input into the writing of these. The practice held a comprehensive central register of policies and procedures and staff knew where to locate these. There was a compliance calendar which included the dates audits needed to be completed by. This system allowed the practice manager to have a comprehensive, proactive oversight of the practice. During our inspection we looked at policies which included confidentiality, safeguarding, chaperoning, health and safety, lone working and prescribing for substance misuse. This included the prescribing policy for medicines including methadone.

- A comprehensive understanding of the performance of the practice was maintained. This information was reviewed with the commissioners to ensure that funding was secured for this specific service.
- Communication across the practice was structured around regular clinical, administration and practice meetings, this included meetings for specific teams, such as nursing staff or administration staff. Multidisciplinary team meetings were also held regularly. We found that the quality of record keeping within the practice was good, with minutes and records required for the safety of patients being detailed, maintained, up to date and accurate. Meeting minutes were quickly made available in reception and on the practice intranet.
- There were proactive arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. These arrangements were clearly owned by all staff members ensuring that the cohesive team kept patients and staff safe.
- There was an embedded, systematic approach to working with other organisations such as inclusion, the mental health team, local shelters, specialist secondary care staff, the police outreach team and the psychiatrist to tackle health inequalities for this group of patients and improve health and social outcomes. The practice recognised that the demographic of patients they served were at risk of being marginalised and drove the service to improve and extend to ensure this did not happen.

### Leadership and culture

The management team in the practice had the experience, capacity and capability to run the practice and ensure high quality care. All staff had a positive working attitude towards their work and told us they were proud of the service they provided. Staff prioritised safe, high quality and compassionate care. Staff told us that the management team were approachable and always took the time to listen to all members of staff. The provider for this service was Malling Health. The practice team reported they were approachable and supportive of the service provided. On the day of inspection, a representative from Malling Health told us they regularly met with the practice team and were proud of the service the practice offered.

The practice team encouraged GP registrars and medical students to sit in on consultations to further increase

# Are services well-led?

Outstanding



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

awareness of this patient population. They proactively offered these sessions to local GPs and nurses to further improve working relationships with local practices and to provide informal training for clinical staff on their role and population. The management team also ensured there was enough time and support for a nurse and GP to go into the community as an outreach team to local shelters.

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 management team encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed 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, information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held monthly team meetings and we saw meeting minutes as evidence of this.
- 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 in doing so and felt supported if they did.
- The management team prioritised staff safety. They did this by further educating the non-clinical staff on complex mental health issues such as schizophrenia to ensure they had the correct knowledge base to assist patients. However, there was a zero tolerance policy on unacceptable patient behaviour and the use of drugs or alcohol on site. Staff reported that the management team took the safety of staff seriously and felt reassured by the systems in place to safeguard them.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and

develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the services delivered by the practice.

- Staff were encouraged to participate in training and develop their skills. For example, the clinical team had all completed training on substance misuse. Staff reported training opportunities were encouraged by management.
- There was also an embedded culture of improving staff satisfaction through engagement of service delivery, social initiatives such as cooking competitions, regular staff meals and Christmas events.
- Staff satisfaction was high and they were proud of the organisation. Staff spoken to reported they enjoyed their job and that the team felt like 'a family'. Staff were positive when talking about the management style and were heavily involved in the rota decisions. Administration staff discussed the next rota to decide what shifts they would work. The management team reported this increased ownership of their role and encouraged team working.
- There was a strong team ethos and a focus on quality improvement. Staff success was celebrated and staff told us they were encouraged and actively supported to raise any concerns.

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

The practice encouraged and valued feedback from patients and staff. There were multiple ways that the practice proactively gained and used feedback.

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The practice had gathered feedback from patients through surveys and the patient participation group (PPG). Recently, the PPG had disbanded due to unexpected circumstances; however the practice were actively recruiting new members. We saw evidence of a patient feedback form, which had been reviewed by the previous PPG, which encouraged patients to give feedback about the service they had received which included their views on the ease of booking an

# Are services well-led?

Outstanding



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

appointment, cleanliness of the premises, consultation with a GP, customer service and an opportunity to give any other feedback. Patients were encouraged to give the practice a rating on each of these areas. The practice collated this information and carried out an action plan which included the implementation of telephone appointments.

- The practice had also gathered feedback from staff through staff meetings and discussion. 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. We observed a notice in waiting room to promote and welcome feedback.

## Continuous improvement

The practice had a strong vision for future development and its values were clearly embedded within the whole practice team. The leadership drove continuous improvement at every level within the practice and held regular meetings to discuss embedding new ways of working. For example, the practice had worked hard to set up the new Hepatitis C clinic to improve patient access, care and treatment. The practice completed a business plan to continually review the future development of the practice. There was a strong focus on continuous learning and improvement at all levels within the practice.

The practice encouraged feedback and offered patients the opportunity to reflect on their experiences. The practice encouraged learning from complaints and significant events and involved outside agencies and patients where appropriate to ensure learning was cascaded and so that others could learn and improve.