

Spring Terrace Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Spring Terrace Health Centre on 26 January 2016. Overall the practice is rated as good.

We found the practice had made many improvements since our previous inspection in March 2015 when they were rated as inadequate and placed into Special Measures. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and, where appropriate, concerns were addressed.
- All staff were actively engaged in monitoring and improving quality and outcomes for patients.
- Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- Risks to patients and staff were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and responsibilities.
- The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- Improvements had been made to the practice's appointment system. For example, additional staff had been appointed to provide patients with greater flexibility and choice and, a walk-in clinic had been introduced to help improve patients' access to same-day urgent care.
- Staff had a clear vision and strategy to improve the quality of the services they provided, and they were

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committed to providing their patients with good quality care. There was a clear organisational structure and strong leadership was continuing to drive improvements at the practice.

- Good governance arrangements were in place, and these helped to keep patients safe.

There were areas of practice where the provider needs to make improvements. The provider should:

- Continue to take steps to address the concerns of patients raised in the NHS National GP Patient Survey about telephone access and appointment availability.

- Continue to develop services to build on the progress already made in promoting safe, high-quality, compassionate care.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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.

Since the last inspection of the practice, staff had taken action to address the concerns we had previously found. There were good arrangements for monitoring and managing risks to patient and staff safety. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. There was an effective system for dealing with safety alerts and sharing these with staff. Individual risks to patients had been assessed and were well managed. Good medicines management systems and processes were in place and staff recruitment was safe. The premises were clean and hygienic and there were good infection control processes.

Good



Are services effective?

The practice is rated as good for providing effective services.

Staff had addressed the concerns we identified during our previous inspection. The Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed very well in obtaining 97% of the total points available to them, for providing recommended care and treatment to their patients. (This was 0.3% above the local clinical commissioning group (CCG) average and 3.5% above the England average.)

Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. Staff worked well with other health and social care professionals to help ensure patients' needs were met. All staff were actively engaged in monitoring and improving quality and outcomes for patients. Staff had completed a range of clinical audits and used these to improve patient outcomes.

Good



Are services caring?

The practice is rated as good for providing caring services.

Results from the NHS GP Patient Survey of the practice, published in January 2016, showed patient satisfaction levels with the quality of GP and nurse consultations were, in most of the areas covered, either above or broadly in line with local CCG and national averages. For example, 96% of patients said they had confidence and trust in

Good



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the last GP they saw or spoke with. This was in line with the local CCG average and above the national average of 95%. Also, 97% of patients said they had confidence and trust in the last nurse they saw or spoke with. This was broadly in line with the local CCG and national averages.

The practice demonstrated a caring and responsive approach to patients and their individual needs. Patients said they were treated with compassion, dignity and respect. Their privacy and confidentiality was respected. Accessible information was available to help patients understand the care, treatment and services available to them. We also saw staff treat patients with kindness, respect and consideration. The practice kept a register of patients who were also carers. Their clinical system alerted staff about these patients, so this could be taken into account when planning their care and treatment. Information was available for carers to help make sure they understood the various avenues of support available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Staff had made good progress in addressing the concerns we identified during our previous inspection. During this inspection we found patients' individual needs were central to the planning and delivery of tailored services, and services were planned and delivered to take into account the needs of different patient groups. In addition, staff helped to coordinate patients' care and treatment through effective partnership working with other service providers. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. There was evidence that the practice responded appropriately to any issues raised.

Good progress had been made in addressing the concerns we raised at our previous inspection about patients' access to appointments. Patients had been surveyed to obtain their feedback about telephone access and appointment availability. The practice had used this information to inform the decisions they made following our inspection about improving their patients' experience of accessing appointments. Additional staff, including a GP and a prescribing pharmacist, had been appointed to provide patients with greater flexibility and choice when accessing appointments. A walk-in clinic had been introduced to help improve access to urgent appointments. The number of appointments available had also increased, in relation to the number of patients registered at the practice, and was above the recommended levels referred to in national guidance. However, despite the progress made by staff, the

Good



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NHS National GP Patient Survey of the practice, published in January 2016, showed that patient satisfaction levels regarding telephone access and appointment availability remained lower than local CCG and national averages.

Are services well-led?

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

Staff had addressed the concerns we identified during our previous inspection. The GP partners and the practice manager were highly committed to delivering good quality care and promoting good outcomes for patients, and they had a clear vision about how to do this. There was a proactive approach to developing new ways of providing care and treatment. This was clearly evident in the improvements they had made to their appointment system, the support they provided to local care homes and the quality of service they provided to patients with diabetes.

The GP partners and the practice manager were proactive in reviewing their governance and performance arrangements to ensure they reflected best practice. These arrangements were underpinned by a comprehensive range of up-to-date policies and procedures that were accessible to all staff. They were effective systems and processes in place to identify and monitor risks to patients and staff, and to monitor the quality of services provided. Regular practice, partner and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. The practice actively sought feedback from patients. They had an active patient participation group (PPG) whose members were encouraged and supported to comment on how services were delivered. Staff satisfaction levels were much improved from what we found at our last inspection. It was clear staff had invested in the improvements that had been made and were very proud to work for the practice.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, the practice had obtained 100% of the total points available to them, for providing recommended clinical care to patients who had cancer. This was 0.3% above the local clinical commissioning group (CCG) average and 2.1% above the England average.

The practice offered proactive, personalised care which met the needs of the older patients. For example, all patients over 75 years of age had a named GP who was responsible for their care. Clinical staff also undertook home visits for older patients who would benefit from these. Staff actively carried out healthcare reviews of patients who were housebound, and there were good systems in place to follow up any concerns identified. Practice staff collaborated with other health and social care staff, to make sure the needs of vulnerable older patients were met. Clinical staff carried out a dedicated monthly 'ward round' at local nursing home, to help ensure any health concerns were identified promptly and addressed.

Good



People with long term conditions

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

Nationally reported data showed the practice had performed well in providing recommended care and treatment, for the clinical conditions commonly associated with this population group. For example, the practice had achieved 100% of the total Quality and Outcomes Framework (QOF) points available to them for providing recommended clinical care to patients diagnosed with hypertension. This was 1.9% above the local CCG average and 2.2% above the England average. There were effective systems in place which helped ensure patients with long-term conditions received a service which met their needs. The practice offered an annual review to all these patients so their needs could be assessed, and appropriate care and advice given about how to manage their health. A good recall system was in place which helped ensure that

Good



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all patients requiring an annual review received one. Where patients failed to respond to an initial request to make an appointment, this was followed up by a further two letters requesting that they contact the practice.

The practice had put good arrangements in place to meet the needs of patients with diabetes. They had achieved 94.7% of the total QOF points available to them, for providing recommended clinical care to patients diagnosed with diabetes. This was 1.8% above the local CCG average and 5.5% above the England average. A weekly diabetic clinic was held involving a GP, a dietician and a practice nurse. These staff met before each clinic to review patients' needs, including any changes that had occurred since the patients' last visit. They also used these meetings to examine whether any learning could take place, which would benefit the patients they supported. Each patient had a comprehensive care plan, and received extended appointments.

The practice was taking active steps to reduce the number of unplanned emergency admissions into hospital. For example, staff had used a local intelligence system to identify patients with complex medical and social needs, who were at greater risk of an emergency admission into hospital. Emergency care plans had been put in place for the practice's most vulnerable patients.

Families, children and young people

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

Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients. For example, the QOF data, for 2014/15, showed the practice had obtained 100% of the overall points available to them, for providing contraceptive services. This was 2.5% above the local CCG average and 3.9% above the England average.

Staff provided a range of services for families and younger patients, including family planning and contraceptive advice. The midwife attached to the practice held a weekly baby clinic at the practice which was also attended by a dedicated health visitor and one of the GPs. This clinic provided families with access to a full programme of childhood immunisations. Publicly available information showed they had performed very well in delivering childhood immunisations. For example, the nationally reported data that was available to us showed that the immunisation rates for 16 of the 17 childhood immunisations were over 90% and fourteen of these were 100%. In response to feedback from patients, new mothers were now able to receive their post-natal check-up at the

Good



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same time as their baby's six weekly check. A good range of health promotion leaflets was available in the patient waiting area, including information about the practice being breastfeeding friendly.

Monthly multi-disciplinary safeguarding meetings were held where the needs of vulnerable children and families were discussed. All staff had completed safeguarding training that was relevant to their roles and responsibilities.

Working age people (including those recently retired and students)

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

Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients. For example, the QOF data, for 2014/15, showed the practice had obtained 100% of the overall points available to them for providing care and treatment to patients who had chronic kidney disease. This was 0.6% above the local CCG average and 2.2% above the England average. The practice had assessed the needs of this group of patients and had developed their services to make sure they were accessible, flexible and provided continuity of care. The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients. The practice held a weekly, early morning clinic to make it easier for working patients to obtain a convenient appointment. NHS health checks were offered to help promote the wellbeing of patients aged between 40 and 75 years of age.

Good



People whose circumstances may make them vulnerable

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

There were good arrangements for meeting the needs of vulnerable patients. The QOF data, for 2014/15, showed the practice had performed well by obtaining 100% of the overall points available to them, for providing recommended care and treatment to patients with learning disabilities. This was in line with the local CCG average and 0.2% above the England average. Systems were in place to help reduce unplanned emergency admissions into hospital. The practice maintained a register of patients with learning disabilities, which they used to ensure they received an annual healthcare review. Extended appointments were offered to enable this to happen. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns. Staff actively collaborated with other health and social

Good



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care staff to meet the needs of vulnerable patients. The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Good arrangements had been made to meet the needs of patients who were also carers.

People experiencing poor mental health (including people with dementia)

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

There were good arrangements for meeting the needs of patients with mental health needs. The QOF data, for 2014/15, showed the practice had performed well by obtaining 100% of the overall points available to them, for providing recommended care and treatment to these patients. This was 4.8% above the local CCG average and 7.2% above the England average. Patients with mental health needs were offered an annual health review and were provided with advice about how to access various support groups and voluntary organisations. They were also able to access 'talking therapies' which help meet the needs of patients with a range of mental health problems.

Good arrangements had also been made to meet the needs of patients with dementia. The QOF data, for 2014/15, showed the practice had performed well by obtaining 100% of the overall points available to them for providing recommended care and treatment to patients with dementia. This was 3.2% above the local CCG average and 5.5% above the England. Clinical staff carried out opportunistic dementia screening and completed care plans, to help make sure patients with dementia received appropriate support and treatment.

Good



Summary of findings

What people who use the service say

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received sixteen completed comment cards. We also spoke with six patients, including three members from the practice's patient participation group, as part of the inspection. All of these patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were caring and helpful. They also said they were treated with respect and dignity, and that the premises were always kept clean and tidy. However, three patients told us they had experienced recent difficulties contacting the practice by telephone and obtaining an appointment.

Data from the most recent Friends and Family Survey of the practice (October 2015 to December 2015) showed that 79.1% of patients said they would be extremely likely or likely to recommend the service to family and friends. Only four patients said they would be unlikely to do so.

Results from the NHS GP Patient Survey of the practice, published in January 2016, showed patient satisfaction levels with the quality of GP and nurse consultations were broadly in line with local CCG and national averages. However, the survey also showed there were still areas, such as telephone access and appointment availability, where the practice could still improve their performance. Of the patients who responded to the survey:

- 96% said they had confidence and trust in the last GP they saw. This was in line with the local CCG average and above the national average of 95%.

- 88% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 83% said the GP gave them enough time, compared to the local CCG average of 90% and the national average of 87%.
- 84% said the last GP they spoke to was good at treating them with care and concern, compared to the local CCG average of 89% and the national average of 85%.
- 97% said they had confidence and trust in the last nurse they saw. This was just below the local CCG average of 98% and in line with the national average of 97%.
- 88% said the last nurse they spoke to was good at treating them with care and concern, compared with the local CCG and national averages of 91%.
- 86% said their last appointment was convenient, compared with the local CCG average of 93% and the national average of 92%.
- 47% said they found it easy to get through on the telephone, compared to the local CCG average of 81% and the national average of 73%.
- 46% described their experience of making an appointment as good, compared with the local CCG average of 78% and the national average of 73%.

(324 surveys were sent out. There were 116 responses, which was a response rate of 36%. This was 1.9% of the practice population.)

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to take steps to address the concerns of patients raised in the NHS National GP Patient Survey about telephone access and appointment availability.

- Continue to develop services to build on the progress already made in promoting safe, high-quality, compassionate care.

Spring Terrace Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Spring Terrace Health Centre

Following our previous inspection, in March 2015, the practice was rated as inadequate and placed into Special Measures. We set a requirement notice in relation to staffing, and issued warning notices in response to breaches of the safe care and treatment and good governance regulations.

Spring Terrace Health Centre is a busy, medium sized practice providing care and treatment to approximately 6900 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of NHS North Tyneside Clinical Commissioning Group (CCG) and covers North Shields, Tynemouth, Cullercoats and Percy Main. Life expectancy for patients is lower than the local CCG and England averages. The practice serves an area where deprivation is higher than the local CCG and England averages. The practice is part of the local GP Federation. We visited the following location as part of the inspection:

- Spring Terrace Health Centre, North Shields, Tyne and Wear, NE29 0HD.

Spring Terrace Health Centre is located in purpose built premises and provides patients who have mobility needs with access to ground floor treatment and consultation rooms. The practice offers a range of chronic disease

clinics, as well as services aimed at promoting patients' health and wellbeing. There are four GP partners (all female), a practice manager, a lead receptionist, two practice nurses, a healthcare assistant, and a team of administrative and reception staff. The practice has made arrangements for patients who have specifically requested to see a male GP to be seen at a nearby GP surgery.

The practice's core opening hours are Monday, Tuesday, Thursday and Friday between 8am and 6:30pm. On Wednesdays, the practice opens from 8am to 1pm and between 2pm and 6:30pm. An early morning surgery is provided once a week. The timing of this varies from week to week. A GP is on duty from 8am to 6.30pm every day (and from 7.30am one morning a week.)

GP appointments are available as follows:

Monday to Friday from 9am to 12 noon and from 2:30pm to 5:30pm. It is open from 7.30am one morning a week.

When the practice is closed patients can access out-of-hours care via the Northern Doctors Urgent Care Limited service, and the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

A previous inspection had taken place in March 2015, after which the practice was rated as inadequate and placed into Special Measures. The purpose of this most recent inspection was to check that improvements had been

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made, and that the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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)

The inspection team:

- Reviewed information available to us from other organisations, such as NHS England.
- Reviewed information from the CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 26 January 2016.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the NHS GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

When we last inspected the practice, in March 2015, we identified that some of the practice's systems, processes and practices, did not promote patient safety. In particular, we identified that:

- Learning from significant events was not effectively shared with staff.
- The practice's system for ensuring staff had read and actioned safety alerts did not provide an effective audit trail.

During this inspection, we found improvements had been made. There was an open and transparent approach to reporting and recording significant events, and lessons were learned when something went wrong. All staff had received training in how to identify and report incidents and significant events. Staff demonstrated a good understanding of their responsibilities regarding the reporting of concerns, and said they would feel comfortable doing so. Non-clinical staff told us they were very clear about what needed to be reported. They confirmed that, when a significant event did occur, these were addressed promptly, lessons were learned and shared with the team during the monthly staff education meeting. Staff had recorded that sixteen significant events had taken place since our previous inspection in March 2015. We looked at a sample of these events and saw they had all been responded to appropriately. All incidents and significant events were referred to the local Clinical Commissioning Group via the Safeguarding and Incident Management Reporting System to enable learning to be shared outside of the practice. Staff had carried out a significant event review during the previous 12 months to help identify common themes and trends.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. Following the last inspection, good arrangements had been put in place to ensure that all relevant staff reviewed, and acknowledged receipt of patient safety alerts, out-of-hours and 111 reports, and safeguarding alerts. The practice manager told us that any alerts received were forwarded to the relevant team members so appropriate action could be

taken. They said the member of staff who received the alert would confirm via email that appropriate action had been taken in response. An audit system had been introduced to check that the new system continued to work effectively.

Overview of safety systems and processes

During our last inspection, in March 2015, we found evidence of good practice in relation to keeping patients safe. However, we also identified that some of the practice's systems, processes and practices did not promote patient safety and potentially placed them at risk of harm.

At the inspection in March 2015, there was no evidence that some GPs had completed child protection training relevant to their roles and responsibilities. Also, we identified staff did not keep detailed minutes of the safeguarding meetings held at the practice, to discuss the needs of 'looked after' children who were subject to a child protection plan.

During this inspection, we found good arrangements had been made to safeguard adults and children from abuse, that reflected relevant legislation, and local requirements and policies. For example, all staff had completed appropriate child protection and adult safeguarding training. Safeguarding policies and procedures were in place, and staff told us they were able to easily access these via the practice's intranet system. Designated members of staff held lead safeguarding roles, which helped to make sure that staff had access to expertise and advice when needed. Staff demonstrated they understood their responsibilities and acted to protect vulnerable patients where this was necessary.

Children at risk of harm or neglect were clearly identified on the practice's clinical records system so that all staff knew who these patients were. We found the practice now had a suitable system for recording the minutes of the regular multi-disciplinary meetings which were held to discuss the needs of vulnerable children. In addition to this, the clinical record of each child discussed was updated as the meeting progressed to ensure an accurate record was maintained of any information shared or decisions made.

At the inspection in March 2015, we found the practice's chaperone policy did not clearly describe the arrangements the provider had put in place to train non-clinical staff who undertook this role. In addition, the policy was not dated, did not include a future review date or guidance about whether staff who acted as a chaperone

Are services safe?

should undergo a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) Also, none of the training records we looked at contained evidence that staff carrying out this role had completed appropriate training. There was also no information in the patient waiting area informing patients they could request a chaperone.

During this inspection, we found there were good arrangements in place to provide patients with access to a chaperone. For example, all staff undertaking chaperone duties had undergone a Disclosure and Barring Service (DBS) check and completed relevant training. Information about how to access a chaperone was on display in the practice's waiting area, on their website, and in their patient leaflet. The chaperone policy had been reviewed to make sure it was up-to-date and contained appropriate information.

At the inspection in March 2015, we found that the practice's infection control policy had not been updated since 2009. In addition, the member of staff who was the practice's designated infection control lead had not completed advanced training, to enable them to carry out this role effectively. During this inspection, we found good infection control arrangements were in place. The practice was clean and tidy throughout. There was a structured and managed approach to maintaining cleanliness. The designated infection control lead had completed training to help them carry out this role effectively and they provided staff with guidance and advice when appropriate. The practice's infection control policies and procedures had been reviewed to make sure they were up-to-date. A legionella risk assessment had been carried out, in January 2016, to help protect patients from the health risks posed by this bacteria and monthly water temperature checks were being carried out by NHS Property Services. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)

At the inspection in March 2015, we found some staff had not had a DBS check and there was no clear rationale recorded in their recruitment file, as to why this was the case. The files of clinical staff contained no evidence that checks had been carried out to make sure they continued to be appropriately registered with their professional body. Also, there was no evidence that some members of the

clinical team were appropriately insured in the event of a clinical negligence claim. Also, for one recently recruited member of staff, there was no documentary evidence in their recruitment file confirming that the provider had sought information about their performance in their previous employment. During this inspection, we found there were good arrangements for making sure that staff working at the practice were suitable to work with children and vulnerable adults. All staff had undergone a DBS check and we saw evidence confirming that clinical staff were appropriately insured. Checks had also been carried out to make sure that all clinical staff continued to be registered with their professional body. Written references had also been obtained for recently appointed staff.

There were good arrangements for managing medicines, including emergency drugs stored at the practice, which helped keep patients safe. Following our last inspection, the GP partners had employed a pharmacist, for one day a week, to help them provide patients with a more tailored service. This included the provision of appointments with the pharmacist, for patients with long-term conditions, where clinicians had judged that it would be more appropriate for a pharmacist to see them in person. The pharmacist also carried out medicines reviews, offered a minor ailments clinic, and carried out other work to help monitor and improve the practice's medicines management performance. None of the information we looked at before the inspection indicated that the practice's prescribing data was an outlier when compared to other local practices. The arrangements for issuing repeat prescriptions were safe. The staff we spoke with were able to clearly describe the processes they followed when they received repeat prescription requests. Satisfactory arrangements had also been put in place to monitor the safety of vaccines at the practice.

Monitoring risks to patients:

At the inspection in March 2015, we found that the arrangements for monitoring and managing risks to patient and staff safety were not fully satisfactory. For example, the practice did not have a comprehensive health and safety policy, and a health and safety risk assessment of the premises had not been carried out. Also, some staff had not completed health and safety training. During this inspection, we found there were good arrangements for assessing and monitoring risks to the health and wellbeing of patients and staff. For example, a health and safety risk

Are services safe?

assessment had been carried out in September 2015. All staff had completed health and safety training, and a health and safety policy had been developed. NHS Property Services had recently reviewed the practice's fire risk assessment and staff had taken part in a full fire drill during the previous 12 months. All electrical and clinical equipment had been checked to make sure it was safe and well maintained. During the inspection, we identified no health and safety concerns.

There were good arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. Whilst it was clear that the practice had experienced significant staffing difficulties during the previous two years, proactive steps had been taken to address this by responding more flexibly to the patient demands staff faced. An extra GP and a pharmacist prescriber had been recruited, which meant more appointments could be provided. Good arrangements were in place to cover shortfalls in staffing levels. Locum GP and nurse cover was arranged when necessary, and we were told this was closely monitored to reduce any impact on patient continuity. Administrative staff told us there were always enough people on duty to meet patients' needs. They also said they had been trained to carry out each other's roles to ensure that key tasks were always completed.

Arrangements to deal with emergencies and major incidents

There were good arrangements for dealing with emergencies and major incidents. An instant messaging system on the computers in all the consultation and treatment rooms, alerted staff to any emergency. There were effective arrangements for making sure staff carried out regular checks of the emergency medicines, and resuscitation equipment. Emergency medicines were stored securely in an area of the practice accessible to all relevant staff. The sample of medicines we checked were in date and fit for use. The GPs carried a small number of emergency medicines when required depending on the clinical condition of the patient they were visiting. The GPs told us these had not been used within recent memory and, that most emergency situations were dealt with by the 111 and ambulance services. All of the staff had completed basic life support training to help them respond appropriately in an emergency. The practice had a business continuity plan for emergencies, such as a power failure. The plan had been reviewed to make sure it was up-to-date and reflected relevant guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines, and national and regional care pathways. There was a structured process for making sure any new guidance received by the practice was reviewed, disseminated and implemented by the clinical team. Clinical staff were able to access NICE and local guidelines via the practice's intranet system.

Management, monitoring and improving outcomes for people

When we last inspected the practice, in March 2015, we identified that the practice's Quality and Outcomes Framework (QOF) performance was below the England average. (The QOF is intended to improve the quality of general practice and reward good practice.)

During this inspection, we found the practice had improved their performance, and outcomes for patients were consistently good. Staff used the information collected for the QOF, and their performance against national screening programmes, to monitor and improve outcomes for patients. Information we looked at before the inspection showed that staff had improved their QOF performance. The QOF data, for 2014/15, showed the practice had performed well in obtaining 97% of the total points available to them. (This was 0.3% above the local Clinical Commissioning Group (CCG) average and 3.5% above the England average.) Examples of good QOF performance included the practice obtaining:

- 100% of the total points available to them, for providing recommended clinical care to patients who had cancer. This was 0.3% above the local CCG average and 2.1% above the England average.
- 100% of the total points available to them, for providing recommended clinical care to patients who had atrial fibrillation. This was 0.4% above the local CCG average and 1.5% above the England average.

- 100% of the total points available to them, for providing recommended clinical care to patients who had experienced a stroke. This was 1.4% above the local CCG average and 3.4% above the England average.

However, there were some clinical indicators where the practice had not obtained all of the points available to them. For example, the practice had obtained:

- 93.3% of the total points available to them, for providing recommended clinical care to patients who required treatment for the secondary prevention of coronary heart disease. This was 3.6% below the local CCG average and 1.7% below the England average.
- 97.1% of the total points available to them, for providing recommended clinical care to patients who had been diagnosed with chronic obstructive pulmonary disease. This was 0.6% below the local CCG average and 3.4% but 1.1% above the England average.

The inspection team discussed these statistics with the practice's management team and, on the basis of the information received, we judged their performance was reasonable.

The practice's clinical exception reporting rate at 10.8%, for 2014/15, was slightly above the local CCG average (by 1.2%) and the England average (by 1.6%). (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) We discussed this with the practice manager who told us that, since our last inspection, they had purchased a software system which they had used to improve the arrangements for inviting patients to attend their health care review. When we reviewed the practice's call and recall systems, we found that good arrangements were in place to follow up patients who failed to attend planned appointments.

At the inspection in March 2015, we found that the practice did not have a formal system for carrying out clinical audits. During this inspection, on 26 January 2016, we found that clinical audit activity was being undertaken within a quality improvement framework, as set out in the practice's business development plan. A small number of two-cycle clinical audits had been carried out since our previous inspection. These were relevant, showed learning points and evidence of changes to practice. The clinical audits were clearly linked to areas where staff had reviewed

Are services effective?

(for example, treatment is effective)

the practice's performance and judged that improvements could be made. A range of other quality improvement audits had also been carried out, in order to improve outcomes for patients and keep patients safe.

Effective staffing

At the inspection in March 2015, we identified that some of the practice's systems, processes and practices, did not promote effective staffing arrangements. In particular, we identified that there was no record of induction training for some recently appointed staff, or evidence that some staff had received their annual appraisal.

During this inspection, on the 26 January 2016, we found that staff had the skills, knowledge and experience to deliver effective care and treatment. All but one member of the non-clinical team had received an appraisal since our last inspection. Where new staff had been appointed, dates were in place to ensure they received an appraisal within 12 months of their appointment. The spreadsheet we were shown also confirmed that all clinical staff had received an appraisal, including the GP partners. There was also evidence confirming that new staff, appointed since our previous inspection, had received an appropriate induction. A newly appointed member of the administrative team told us they had received a good induction, which had met their needs and helped them to carry out their role to a good standard. We also found that staff had received the training they needed to carry out their roles and responsibilities including, for example, training on safeguarding vulnerable patients, health and safety, basic life support and infection control. It was evident staff made good use of, e-learning training modules, and in-house and external training.

Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment. The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions. All relevant information was shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and the

emergency services. Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (2005). When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome.

Health promotion and prevention

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years. There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks.

The practice had a comprehensive screening programme. The QOF data showed they had performed well by obtaining 100% of the overall points available to them for providing cervical screening services. This was 0.6% above the local CCG average and 2.4% above the England average. However, the uptake of cervical screening was lower, at 76.69%, than the national average of 81.83%. We discussed this with staff who told us that recently purchased patient IT software was helping them to make improvements to their patient recall systems. In respect of improving cervical screening attendance rates, we were told that final reminder letters were printed on pink paper because this was more likely to elicit a positive response.

The QOF data showed the practice had protocols that were in line with national guidance. These included protocols for the management of cervical screening, and for informing women of the results of these tests. The practice had also performed well by obtaining 100% of the overall points available to them, for providing contraceptive services to women in 2014/15. This was 2.5% above the local CCG average and 3.9% above the England average.

Are services effective?

(for example, treatment is effective)

Patients were also supported to stop smoking. For example, the practice had supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy. Nationally reported QOF data, for 2014/15, showed the practice had performed very well by obtaining 100% of the overall points available to them, for providing recommended care and treatment to patients who smoked. This was 5.1% above the local CCG average and 4.9% above the England average. The data also showed that, of those patients aged

over 15 years who smoked, 92% had been offered support and treatment during the preceding 24 months. This was 1.5% above the local CCG average and 1.2% above the England average.

The practice offered a full range of immunisations for children. Publicly available information showed they had performed very well in delivering childhood immunisations. For example, the nationally reported data that was available to us showed that the immunisation rates for 16 of the 17 childhood immunisations were over 90% and fourteen of these were 100%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection we observed that members of staff were courteous and helpful to patients. Patients attending the practice, or calling by telephone, were treated with dignity and respect. Curtains or screens were provided in consulting rooms, so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations, so that conversations could not be overheard. Members of the administrative team told us patients would be offered access to a private space, if they wanted to discuss confidential matters.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 16 completed comment cards and the majority of these were positive about the standard of care received. Words used to describe the service included: caring, polite and never rushed; helpful; exemplary care; found everything very good; very quick response to my problem; first class treatment; excellent service; staff friendly and great; receptionist always helpful and pleasant; caring, listened, and answered all my questions; understanding; compassionate. We also spoke with six patients on the day of the inspection, all of whom were positive about the quality of the care and treatment they received.

Results from the NHS GP Patient Survey of the practice, published in January 2016, showed patient satisfaction levels with the quality of GP and nurse consultations were, in most of the areas covered, broadly in line with the national averages, and only marginally below the local CCG averages. However, the survey also showed that there were still areas in which the practice could improve their performance. For example, the number of patients who found the receptionists helpful were less than the local CCG and national averages. We were told that following our previous inspection in March 2015, administrative staff had received training which covered all aspects of their work, including how to work effectively with patients contacting or visiting the practice. The staff we spoke with told us the training and support they had received during the previous 10 months had helped them to carry out their roles and responsibilities more effectively.

Of the patients who responded to the survey:

- 96% said they had confidence and trust in the last GP they saw. This was in line with the local CCG average but above the national average of 95%.
- 88% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 84% said the last GP they spoke to was good at treating them with care and concern, compared to the local CCG average of 89% and the national average of 85%.
- 83% said the GP gave them enough time, compared to the local CCG average of 90% and the national average of 87%.
- 97% said they had confidence and trust in the last nurse they saw. This was just below the local CCG average of 98% and in line with the national average of 97%.
- 88% said the last nurse they spoke to was good at treating them with care and concern, compared with the local CCG and national averages of 91%.
- 69% said they found the receptionists at the practice helpful, compared with the local CCG average of 89% and the national average of 87%.

Data from the most recent Friends and Family Survey carried out by the practice, between October and December 2015, showed that 79.1% of patients said they would be extremely likely or likely to recommend the service to family and friends. Only 4% patients said they would be unlikely to do so.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decisions 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 treatments available to them.

Results from the NHS GP Patient Survey of the practice also showed patients responded positively to questions about their involvement in planning and making decisions about

Are services caring?

their care and treatment. The results were broadly in line with the national averages, and only marginally below the local CCG averages. Of the patients who responded to the survey:

- 89% said the last GP they saw was good at explaining tests and treatments; compared to the local CCG average of 90% and the national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care, compared with the local CCG average of 86% and the national average of 82%.
- 90% said the last nurse they saw was good at explaining tests and treatments. This was below the local CCG average of 91% and in line with the national average.
- 81% said the last nurse they saw was good at involving them in decisions about their care, compared with the local CCG average of 87% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Good arrangements had been made to meet the needs of patients who were also carers. For example, the practice's website signposted these patients to local and national carers' organisations. Written information was also available for carers to ensure they understood the various avenues of support available to them. Staff kept a register of patients who were also carers and this helped them to identify and meet their specific needs. At the time of our inspection there were 132 carers on the register, which equated to 1.9% of the practice population. On registering with the practice, new patients were asked whether they undertook caring responsibilities. Good arrangements had been made to support bereaved patients. Posters available in the reception areas signposted patients to the various sources of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to, provide flexibility, choice and continuity of care. Examples of the practice being responsive to and meeting patients' needs included:

- Providing all patients over 75 years of age with a named GP who was responsible for their care. Clinical staff also undertook home visits for older patients who would benefit from these. GP staff provided a monthly 'ward round' at a local nursing home, to help promote the health of patients living there.
- Effective arrangements for meeting the needs of patients with long-term conditions. A range of protocols and pathways were in place, which supported staff to provide these patients with a good level of care and treatment. The practice offered an annual review to all patients with long-term conditions, so their needs could be assessed, and appropriate care and advice given about how to manage their health. A good recall system was in place which helped ensure that all patients requiring an annual review received one. Where patients failed to respond to an initial request to make an appointment, this was followed up by a further two letters requesting that they contact the practice.

The practice had put good arrangements in place to meet the needs of patients with diabetes. They had achieved 94.7% of the total QOF points available to them, for providing recommended clinical care to patients diagnosed with diabetes. This was 1.8% above the local CCG average and 5.5% above the England average. A weekly diabetic clinic was held involving a GP, a dietician and a practice nurse. These staff met before each clinic to review patients' needs, including any changes that had occurred since the patients' last visit. They also used these meetings to examine whether any learning could take place, which would benefit the patients they supported. Each patient had a comprehensive care plan, and received extended appointments.

- Staff taking active steps to reduce the number of unplanned emergency admissions into hospital. For example, staff had used a local intelligence system to

identify patients with complex medical and social needs, who were at greater risk of an emergency admission into hospital. Emergency care plans had been put in place for the practice's most vulnerable patients. Monthly multi-disciplinary meetings took place where the needs of the practice's most vulnerable patients were reviewed.

- Providing a range of services for families and younger patients, including family planning and contraceptive advice. The midwife attached to the practice held a weekly baby clinic at the practice which was also attended by a dedicated health visitor and one of the GPs. This clinic provided families with access to a full programme of childhood immunisations. Publicly available information showed they had performed very well in delivering childhood immunisations. For example, the nationally reported data that was available to us showed that the immunisation rates for 16 of the 17 childhood immunisations were over 90% and fourteen of these were 100%. In response to feedback from patients, new mothers were now able to receive their post-natal check-up at the same time as their baby's six weekly check. A good range of health promotion leaflets was available in the patient waiting area, including information about the practice being breastfeeding friendly.
- Providing services which met the needs of patients with mental health needs. The Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed well by obtaining 100% of the overall points available to them, for providing recommended care and treatment to patients with mental health needs. This was 4.8% above the local clinical commissioning group (CCG) average and 7.2% above the England average. At the inspection in March 2015, we identified that some patients with mental health needs had not received an annual healthcare review. During this inspection, on 26 January 2016, we found that, of the 73 patients on the practice's mental health register, 86% had already had an annual review. The care planning templates used by staff were detailed and comprehensive. The healthcare assistant (HCA), who was the designated mental health lead for the practice, liaised annually with the community matron, to discuss difficult to reach patients, and whether any additional

Are services responsive to people's needs?

(for example, to feedback?)

steps could be taken to meet their needs. They also contacted every patient on the practice's learning disability and mental health registers, to arrange an annual healthcare check and encourage them to attend.

- Effective arrangements for meeting the needs of patients with dementia. The QOF data showed the practice had performed well by obtaining 100% of the overall points available to them, for providing recommended care and treatment to patients with dementia. This was 3.2% above the local CCG average and 5.5% above the England average. Of those patients who had dementia, 83.8% had received a face-to-face review of their needs during the preceding 12 months. This was 9% above the local CCG average and 6.8% above the national average. The practice had designated clinical dementia leads who had worked with the rest of the team, to improve their performance regarding the early diagnosis of dementia. Clinicians were proactive in carrying out dementia screening, where they thought patients were at risk of developing dementia.
- Providing services which met the needs of patients who were vulnerable. The QOF data, for 2014/15, showed the practice had performed well by obtaining 100% of the overall points available to them, for providing recommended care and treatment to patients with learning disabilities. This was in line with the local CCG average and 0.2% above the England average. At the inspection in March 2015, we identified that some patients with learning disabilities had not received an annual healthcare review. During this inspection, on 26 January 2016, we found that, of the 60 patients on the practice's mental health register, 78% had received an annual review by the end of December 2015. The practice had invited a national charity to review how staff met the needs of patients with learning disabilities, and to look at where improvements might be made. The practice had also arranged for their staff to receive training from the local community learning disability team, to help raise the profile of this group of patients and improve the quality of the service they received.
- Developing services to meet the needs of working patients. Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients. For example, the practice was proactive in offering online services, as

well as a full range of health promotion and screening that reflected the needs of this group of patients. A weekly early morning clinic was provided, to make it easier for working patients to obtain a convenient appointment. NHS health checks were offered to help promote the wellbeing of patients aged between 40 and 75 years of age.

- Making reasonable adjustments which helped patients with disabilities and those whose first language was not English, to use the practice. For example, all consultation and treatment rooms were located on the ground floor. There were disabled toilets which had appropriate aids and adaptations. A loop system was available to help improve accessibility for hearing impaired patients. The ground floor waiting area was spacious making it easier for patients in wheelchairs to manoeuvre. Wheelchair users were able to access the building via a ramp at the front of the building.

Access to the service

The practice's core opening hours were Monday, Tuesday, Thursday and Friday between 8am and 6:30pm. On Wednesdays, the practice opened from 8am to 1pm and between 2pm and 6:30pm. An early morning surgery was provided once a week. The timing of this varies from week to week. A GP was on duty from 8am to 6.30pm every day (and from 7.30am one morning a week.)

GP appointments were available as follows:

Monday to Friday from 9am to 12 noon and from 2:30pm to 5:30pm. The practice was open from 7.30am one morning a week.

The practice website provided good information about how to access appointments. Patients were able to access 'Book on the Day' appointments, as well routine appointments which could be booked up to four weeks in advance. Telephone appointments were also available, for patients who felt that they did not need a face-to-face appointment.

At the inspection in March 2015, we identified that patients were frequently and consistently unable to access appointments in a timely way. During this inspection, we found the provider had taken action to address the requirement notice and had made improvements which increased appointment availability. In response to the requirement notice, staff had completed an appointment

Are services responsive to people's needs?

(for example, to feedback?)

and patient access audit and carried out a survey to obtain feedback from patients about telephone and appointment access. They had then devised and implemented an action plan to address the issues identified. We saw they had made good progress. For example, the practice employed a pharmacist prescriber for two sessions a week. This person had helped increase patient access by providing extra appointments for medicine reviews, health promotion and minor ailments. The GP partners had introduced a weekly walk-in clinic for patients with urgent needs who required same-day access. An additional GP partner had been recruited who provided seven additional sessions each week. Nursing staff had increased their hours to cover a vacant post, and a new HCA had recently been appointed, to help reduce the workload of the practice nurses.

Staff had also used the staffing toolkit produced by the Royal College for General Practitioners (RCGP) to assess appointment availability in relation to the size of their practice list. (This tool indicates that practices should be providing 70 appointments with a healthcare professional each week per 1000 patients.) Using the tool, staff had identified that they should be providing 467 appointments per week. At the point at which staff had last carried out this assessment (November 2015), they found the practice had averaged 252 appointments over and above what the RCGP tool recommended. This showed an increase of 172 in the number of appointments available, compared to what was being provided at the time of our last inspection.

Most patients we spoke with, as well as those who completed CQC comment cards, expressed no concerns about telephone access or access to appointments. However, the results of the NHS National Patient Survey of the practice, published in January 2016, showed lower levels of satisfaction with telephone access and access to appointments when compared to the local CCG and national averages. Of the patients who responded to the survey:

- 52% said they could get through easily to the surgery by telephone, compared to the local CCG average of 81% and the national average of 73%.
- 40% described their experience of making an appointment as good, compared to the local CCG average of 78% and the national average of 73%.

However, the inspection team recognised that the latest feedback for the NHS Patient Survey had been collected during a period of change for the practice, where planned improvements, following our last inspection were being implemented and evaluated. In the opinion of the inspection team, the practice requires further time to enable the improvements already made to become embedded, and the new approach to managing same-day urgent demand to be evaluated. It was very clear that the practice team had done everything they could to improve their patients' experience by providing increased access to appointments.

Listening and learning from concerns and complaints

The practice had a good system in place for managing complaints. This included having a designated person who was responsible for handling any complaints and a complaints policy which provided staff with guidance about how to handle complaints. A summary of the complaints policy could be accessed via the practice's website and information about how to complain was also on display in the patient waiting area. The policy advised patients how to escalate their complaint externally if they were dissatisfied with how the practice had responded. The practice had received five complaints since our last inspection. Information provided to us indicated these had been investigated and responded to appropriately. The practice manager told us any complaints were discussed at the daily and weekly partner meetings, so that opportunities for learning could be identified.

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

At the inspection in March 2015, we identified the practice did not have a documented business development plan which set out their strategy for the future, and the steps they would take to deliver it. During this inspection, we found a vision and values statement had been prepared, and all staff had been consulted on the content. A very detailed business development plan had also been prepared which set out the practice's short and long-term goals. The plan included recognition of the challenges posed by the environment in which the practice operated, as well as measures the partners were taking to achieve the goals set out in their plan. In addition, the practice had produced a very detailed action plan in response to the issues identified during our previous inspection.

Governance arrangements

At the inspection in March 2015, we identified that the practice did not have effective governance arrangements. We found that some policies and procedures had not been reviewed to make sure they were up-to-date, and some staff were not clear about how to access them. Staff knew the practice had a business continuity plan, but were unsure where this was kept or what information it included. We also found some staff who had been allocated lead roles, had not received all of the training they needed to carry these out effectively.

During this inspection, we found evidence that the practice's governance arrangements had been reviewed and strengthened. For example, the practice manager had prepared a spreadsheet which provided an overview of the practice's governance systems and processes. This was used to provide the practice management team with assurances that these systems and processes were being consistently implemented by all staff, as well as external contractors. The spreadsheet identified key audit areas, and who was responsible for ensuring these audits were carried out. The audits included: weekly audits of the quality of scanned records; quarterly significant event and complaint reviews; an annual information governance audit.

The practice had comprehensive policies and procedures governing their activities. The sample we checked had been recently reviewed to help ensure they were

up-to-date. Clinical leads had been identified for key areas, and this helped to ensure staff were kept up-to-date with changes to best practice guidelines, and changes to the Quality and Outcomes Framework. Regular partner, practice and multi-disciplinary meetings took place. These promoted good staff communication and helped to ensure patients received effective and safe clinical care. Arrangements had been made which supported staff to learn lessons when things went wrong, and to support the identification, promotion and sharing of good practice. The practice proactively sought feedback from patients and had an active patient participation group (PPG). There were good arrangements for making sure the premises and equipment were maintained in a safe condition. There was a clear staffing structure and staff had a very good understanding of their own roles and responsibilities.

Leadership, openness and transparency

At the inspection in March 2015, we identified that staff were not communicating effectively. Some of the staff we spoke with during that inspection felt they could be better informed about what was happening in the practice. During this inspection, we found evidence of strong leadership, openness and transparency in how the practice was led and managed. The GP partners and practice manager had reviewed the organisational structure of the practice, and clarified staff roles and responsibilities. A comprehensive survey had been carried out following our previous inspection to obtain staff's views and opinions about the weaknesses and strengths of the practice, and what they thought could be done better. The provider carried out a second survey in December 2015, to obtain feedback from staff about the changes that had been introduced. The results of this survey showed much higher levels of staff satisfaction. Staff had worked hard since our last inspection to create a culture which encouraged and sustained learning at all levels in the practice. The management team at the practice prioritised high-quality, compassionate and safe care. This was evident in the way in which staff identified and reported significant events. Staff said they felt respected, valued and supported. They also told us they were very proud to work for the practice.

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

The practice encouraged and valued feedback from patients. There was an active practice participation group (PPG). The practice promoted the work of the PPG on their

Are services well-led?

Good 

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

website, and in a display in the main patient waiting room. Agendas and minutes of previous meetings were available on the practice's website. Members of the PPG told us their involvement was welcomed and that they were encouraged to share their views and express their opinions. In particular, the PPG members were consulted about what improvements needed to be made to the practice's appointment system. However, one member of the PPG commented that it would be good to know the dates of future meetings well in advance, to enable members to make suitable arrangements.

At the inspection in March 2015, we found staff had developed a strategy for ensuring more effective engagement with patients. In response to concerns raised by patients about telephone access and appointment availability, staff had carried out a survey in 2015 to obtain their views and opinions. To provide patients with feedback about the changes they were planning and had already taken, staff had adopted the 'What You Said, What We Did' approach. For example, patients had been unhappy with appointments having to be cancelled, because the practice's spirometry machine was not working properly. In response to this, the practice informed patients that they

had secured funds to purchase a new machine. In response to concerns about appointment availability, the GP partners had revised how they offered patients access to urgent appointments. They had also recruited extra staff to help them provide more appointments. Information about improvements made by the practice was on display in the patient waiting area.

Effective processes were also in place to obtain feedback from staff via regular team meetings at all levels of the organisation and through the staff appraisal process.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and demonstrated their commitment to developing patient focussed services. Examples of this included: the improvements they had made to their appointment system; the support they provided to a local nursing home; and the quality of service they provided to patients with diabetes. The practice demonstrated their commitment to continuous learning by encouraging and supporting staff with access to access relevant training.