The Cedars Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cedars Medical Centre on 12 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. A more effective approach to medication reviews would further reduce risk to patients on some higher risk medications.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Some patients found it difficult to obtain a pre booked appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are.

- Review patient access to pre-bookable appointments.

Summary of findings

- Implement a more effective approach to recording and retaining recruitment information.
- Implement a more effective approach to medication reviews.
- Review the approach to the management of safety alerts.

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?

Good

The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding.

Are services effective?

Good

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. Verbal complaints were not recorded and some patients found it difficult to obtain a pre-bookable appointment.

Are services well-led?

Good

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice dedicated time to improve quality. The practice proactively sought feedback from staff and patients and had an active patient participation group. Staff had received inductions and attended staff meetings and events. All staff received regular appraisals and were encouraged in their career progression. Recruitment files lacked some information.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. A clinical care co-ordinator completed a high proportion of home visits to elderly patients. There was a named GP for the over 75s.

People with long term conditions

Good

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Working age people (including those recently retired and students)

Good

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments and extended hours from 6.30pm to 7.30pm were available every Monday, Tuesday and Thursday evenings and 7am to 8am every Tuesday, Wednesday, Thursday and Friday mornings.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of

Summary of findings

patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.	
People experiencing poor mental health (including people with dementia) The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with local mental health teams.	Good 

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 (from 127 responses which is approximately equivalent to 1% of the patient list) showed the practice was performing above local and national averages in certain aspects of service delivery. For example,

- 82% of respondents were satisfied with the surgery's opening hours (CCG average 58%, national average 65%).
- 94% of respondents described their overall experience of this surgery as good (CCG average 85%, national average 85%).

However, some results showed below average performance, for example,

- 54% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 85% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national average 91%).

In terms of overall experience, results were comparable with local and national averages. For example,

- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 97% had confidence and trust in the last nurse they saw or spoke to (CCG average 97%, national average 97%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards, 18 of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. There were six comments relating to having difficulty in making a pre-bookable appointment.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from January to March

2016 showed that 13 patients expressed a view, 100% of which said they would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Review patient access to pre-bookable appointments.
- Implement a more effective approach to recording and retaining recruitment information.
- Implement a more effective approach to medication reviews.
- Review the approach to the management of safety alerts.

The Cedars Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a practice manager specialist advisor andan Expert by Experience (a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive).

Background to The Cedars Medical Centre

Cedars Medical Centre is based in the semi-rural village of Alsager in Cheshire; it is a less deprived area as compared with the rest of Cheshire. There were 9400 patients on the practice register at the time of our inspection. The practice has a higher than average number of older patients (60 to 85+ years) and lower than average number of younger patients (birth to 40 years).

The practice is a training practice managed by five partners (three male, two female). Employed are a practice manager, a clinical care coordinator, an advanced nurse practitioner, four nurses, and a health care assistant (HCA), reception and administration staff. The practice is a teaching practice hosting medical students and nurses on placement.

The practice is open 8am to 8pm Mondays, 7am to 8pm Tuesdays and Thursdays, 7am to 5pm on Wednesdays and 7am to 6.30pm on Fridays. Additional extended hours are available alternate Saturday mornings between 9am and 12pm.

Patients requiring GP services outside of normal working hours are referred on to the local out of hours provider N.E.W. operated by the East Cheshire Trust.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

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

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

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?

Detailed findings

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 with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 12 May 2016.
- Spoke to four GPs, three nurses, the HCA, the clinical care coordinator, the practice manager, the reception manager, one receptionist, a medical administrator, ten patients, four representatives of the patient participation group, the pharmacy manager from the adjoining pharmacy and two district nurses.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. 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). When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice carried out a thorough analysis of the significant events. Significant events were discussed and reviewed at staff meetings and any learning and trends were identified and acted upon.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw an alert relating to Domperidone (a medicine used to treat stomach disorders) had been actioned by checking whether any patients could have been affected and appropriate action taken. We noted that better management of medical alerts was needed and that more use of data from computer systems would benefit this.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to child protection or child safeguarding level 3. Health visitors were invited to attend clinical meetings to discuss any concerns. We noted that children who failed to attended hospital appointments were not identified on practice computer systems, we were told that this would be addressed. Home visits were prioritised by the GPs based on the risk that was presented; a policy was in place in relation to this.
- A notice in the waiting room and in all treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The clinical care co-ordinator was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There were spillage kits and appropriate clinical waste disposal arrangements in place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We noted that some patients who were prescribed higher risk medicines, for example Lithium, did not always attend for regular blood tests. We discussed ways in which this could be managed to reduce risk to those patients. The GPs said they would re-assess these patients and use different strategies to reduce risk, for example one week prescriptions.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Blank prescription forms used for printers were securely stored and there were systems in place to monitor their use. We noted that some fridge temperatures recorded were outside the permitted levels, we spoke to the nurses who monitored these and they explained that temperatures rose if the fridge was

being cleaned and medicines were transferred to another fridge to facilitate this. We discussed with them the need to document fully the reasons for these temperature readings and they told us that this would be completed in the case of any future readings outside the permitted range.

- We reviewed four personnel files and found most 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. Some recruitment files did not contain records of interviews and those that did lacked detail. One file showed a GP commenced work before employment references had been received and other files did not contain a health declaration. The practice manager told us that this would be addressed with any future recruitment and that some recruitment had taken place before they were in post.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire safety equipment tests and fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction and refresher training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult masks and children's masks. There was an accident book and first aid kits available.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Any updates in NICE guidance were discussed at clinical meetings.

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

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had systems in place to ensure they met targets and the most recent published results were 97.7% of the total number of points available (CCG average 96.7% and national average 94.4%). The practice also worked towards meeting local key performance targets.

The practice was aware of their high antibiotic prescribing rates. Evidence reviewed demonstrated the practice had worked with the local medicine management team, carried out audits and monitored all GP performance and consequently had made significant improvements to the satisfaction of the local medicine management team.

An ultrasound service had recently been introduced and we were told about an example where it had been immediately effective. The practice had been able to identify a patient who required an immediate referral to secondary care within two weeks of the service being made available.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits, minor surgery audits and clinical audits.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- 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. Staff we spoke with told us that there were no formal supervision meetings between annual appraisals and nurses confirmed that there was no formal clinical supervision taking place.
- Training included: safeguarding, fire procedures, equality and diversity and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning.
- GPs each had lead for certain areas, for example, prescribing, QOF, quality, finance and complaints.
- The practice had recognised that its ability to train nurses on placement had provided opportunities to recruit skilled nurses in the long term, some nurses had returned to the practice for several consecutive years.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity

Good

Are services effective?

(for example, treatment is effective)

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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice liaised with local mental health teams. We spoke with two district nurses who regularly worked with the practice; they told us that the practice was good at sharing information and working effectively with partner agencies.

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 legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the guidance regarding the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS). GPs were also aware of the relevant guidance when providing care and treatment for children and young people.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. There were a variety of services which attended the practice such as a health trainer, citizen's advice, drug counsellors and smoking cessation advisors that patients could be referred to.

The practice nurses were responsible for child vaccinations and holiday and flu immunisations. PPG members assisted at flu clinics, helping the patients and assisting staff with administrative tasks.

The practice encouraged patients to attend screening appointments. The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 81.4% compared to a CCG and national average of 82%.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. 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.

Results from the national GP patient survey published in January 2016 (from 127 responses which is approximately equivalent to 1% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 88%, national average 87%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 81% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%)

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Information was available in the waiting room to direct carers to the various avenues of support available to them. The practice had trained staff as a carer's link worker who was available to provide specific advice and support to carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them to discuss their needs and offer support.

Good

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. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was hearing loop available for patients who required one. Practice information was provided in a variety of formats, including large print and audio.

Access to the service

The practice is open 8am to 8pm Mondays, 7 am to 8pm Tuesdays and Thursdays, 7am to 5pm on Wednesdays and 7.00am to 6.30pm on Fridays. Additional extended hours are available alternate Saturday mornings between 9am and 12pm. Patients requiring GP services outside of normal working hours are referred on to the local out of hours provider N.E.W. operated by the East Cheshire Trust.

Results from the national GP patient survey published in January 2016 (from 127 responses which is approximately equivalent to 1% of the patient list) showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 69% of patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 85% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 84%, national average 85%).
- 76% usually waited 15 minutes or less after their appointment time to be seen (CCG average 58%, national average 65%).

However,

- 54% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).

The practice was aware of survey information and as a result of the low scores for telephone access, had recently commissioned a new telephone system with "call waiting" functionality. Research they had conducted indicated that this would improve their call taking. They had also allocated extra staff to answer the telephones during the busy morning periods. The practice was planning to evaluate whether the actions taken would address patients concerns. Six patients we spoke to on the day of the inspection expressed concerns about difficulty in accessing pre-bookable appointments.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

The practice received very few formal complaints but when they did, they were discussed at staff meetings. We reviewed a log of previous complaints and found written complaints were recorded and written responses included apologies to the patient and an explanation of events. We noted that reception staff dealt with minor verbal complaints without recording them, denying the practice the opportunity to identify trends relating to those complaints. The practice manager told us that verbal complaints would be recorded in future and reviewed periodically.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice described their overall aim as to provide a high quality service to its patients. Staff we spoke with were all aware of the practice mission statement. The GP partners met on a regular basis to discuss the business plan.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- An overarching clinical governance policy and practice specific policies that all staff could access on the computer system.
- Invested in quality improvement.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: weekly clinical meetings when all clinicians attended. Other meetings included: palliative care meetings with other healthcare professionals, safeguarding meetings and monthly practice team meetings.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare. For example, medication audits, 14 day referral audit and clinical audits.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice was aware of and had a policy and systems in place 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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 when possible.

- There was an established PPG and the practice had acted on feedback. The PPG were involved in a number of initiatives including coffee afternoons, carer's fairs, newsletters and patients surveys.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice, 13 patients responded all stating they would do so.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice team took an active role in locality meetings. Clinicians kept up to date by attending various courses and events. The practice encouraged staff to progress in their careers.

The practice was located in a purpose built premises together with other community services and another GP practice. There was a complete additional second floor ready for occupation should the need arise, giving the practice the flexibility to expand.