Clay Cross Medical Centre

Quality Report

Bridge Street
Clay Cross
Chesterfield
S45 9NG
Tel: 01246 862237
Website: www.claycrosssurgery.co.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clay Cross Medical Centre 2 November 2016 and 10 November 2016. The overall rating for the practice was inadequate; specifically the practice was rated as inadequate for providing safe, effective and well-led services, good for providing caring services and requires improvement for providing responsive services. The practice was placed in special measures for a period of six months. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Clay Cross Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 14 July 2017. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- The practice had achieved good progress and improvements in tackling the issues identified at the previous inspection. However, an agreed and deliverable plan for a sustainable future was still required.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The practice had a nominated lead for significant events and held regular meetings to review events and disseminate learning.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. Risks were identified, assessed, monitored and reviewed on a regular basis.
- Staff were aware of current evidence based guidance. Systems for sharing updates to guidance had been reviewed and improved.
- Patient outcomes were improving; for example, in respect of non-elective admissions.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. Learning from complaints was identified and shared with relevant staff.
- Patients we spoke with said they were generally able to make an appointment with a GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff were positive about changes to the management arrangements. However, some of the underlying shortage of clinical capacity remained a concern.
- The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

There were some areas of practice where the provider needed to make improvements.

The provider should:

- Continue to review and improve the management of patients with long term conditions.
- Continue to increase the number of carers identified.
- Provide patients with a learning disability with regular health checks.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service. It remains important that the practice continue to develop a plan for the future.

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.

- There were effective systems in place to support the reporting and recording of significant events; learning was identified and shared with relevant staff to ensure action was taken to improve safety in the practice.
- Where required, patients were informed as soon as practicable, provided with support information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- Systems to disseminate and act on alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts had been significantly improved.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements in place to respond to emergencies and major incidents.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Published data from the Quality and Outcomes Framework 2015-16 showed patient outcomes were at or above average compared to the national average. However, published data demonstrated that exception reporting rates were above average in respect of some conditions including diabetes and chronic obstructive pulmonary disease (COPD) (COPD is the name for a collection of lung diseases). Unverified data for 2016/17 provided by the practice demonstrated that exception reporting rates were reducing.
- Patient outcomes were improving in respect of referrals and non-elective admissions.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others locally and nationally for most aspects of care. For example, 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- The practice had identified 55 patients as carers; this equated to 0.9% of the practice's patient list.
- During our inspection, we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had an older population and practice nursing staff undertook home visits to review patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a GP or advanced nurse practitioner (ANP) and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

Summary of findings

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

- The practice recognised that in order to deliver on its plans to further improve the quality of care provided and to promote good outcomes for patients, more work was required focusing on clinical and managerial sustainability.
- There was a clear leadership structure the appointment of an interim practice manager had enabled the practice to make significant improvements on the issues that were identified at the last inspection.
- Staff told us that they felt supported by management, and were clear about and their responsibilities.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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

Requires improvement

We rated the practice as requires improvement for providing effective and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns. There was a dedicated adult safeguarding lead within the practice.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. Regular meetings were held to discuss patients identified as having palliative care needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice reviewed their care needs proactively with the wider multidisciplinary team through their 'virtual ward'.

People with long term conditions

Requires improvement

We rated the practice as requires improvement for providing effective and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The recall system for patients with long-term conditions had been reviewed and improved to enable patients with multiple long-term conditions to be reviewed in a single appointment.
- Data provided by the practice for 2016-17 indicated that exception reporting rates within QOF for patients with long-term conditions were reducing. However, there were still a

Summary of findings

number of areas where exception reporting rates remained high. For example, the exception reporting rate for patients referred to structured education following a diagnosis of diabetes still exceeded 50%.
- 197 patients at risk of developing type 2 diabetes had been referred to a community education programme since January 2017.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

We rated the practice as requires improvement for providing effective and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children's toys were available in the waiting area and there was a dedicated baby changing area.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Requires improvement

We rated the practice as requires improvement for providing effective and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours were offered one evening per week.
- The practice was proactive in offering online services including booking and cancelling appointments, ordering repeat prescriptions and requesting access to their detailed coded record.
- A full range of health promotion and screening was offered that reflected the needs for this age group. This included NHS health checks.

People whose circumstances may make them vulnerable

Requires improvement

We rated the practice as requires improvement for providing effective and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability
- The practice had 33 patients on their learning disability register; however, data provided by the practice indicated that only seven of those patients had received an annual health check in the last 12 months. Systems had been improved and 26 patients had now been invited for a health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and for those who required them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

People experiencing poor mental health (including people with dementia)

Requires improvement

We rated the practice as requires improvement for providing effective and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- The practice carried out advance care planning for patients living with dementia.

Summary of findings

- Data from the QOF demonstrated that exception reporting rates for depression and mental health were reducing but were still high in some areas. For example, the exception reporting rate related to the review of patients diagnosed with depression was 34.9%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2017. The results showed the practice was performing in line with local and national averages. A total of 219 survey forms were distributed and 121 were returned. This represented a 55% response and was equivalent to 2% of the practice's patient list.

- 96% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%. This had increased from 84% the previous year.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the national average of 77%. This had increased from 79% the previous year.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 completed comment cards, 28 of which were wholly positive. Patient feedback praised friendly, welcoming and helpful staff who provided excellent treatment. The majority of patients said they could get appointments when they needed them. Ten comment cards contained mixed or negative feedback; negative comments mainly related to waiting times for appointments.

We spoke with six patients and two members of the patient participation group (PPG) during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Clay Cross Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Clay Cross Medical Centre

Clay Cross Medical Centre provides primary medical services to around 6300 patients from a main practice located at Bridge Street, Clay Cross, Derbyshire S45 9NG and a branch practice located at Queen Victoria Road, Tupton, S42 6TD. We did not visit the branch practice as part of our inspection.

The level of deprivation within the practice population is slightly above the national average with the practice. Income deprivation affecting children is below the national average and income deprivation affecting older people is slightly above the national average.

The clinical team comprises two GP partners (one male, one female), a clinical pharmacist, an advanced nurse practitioner (female), three practice nurses (female) and a healthcare assistant (female). The GPs are supported by locum GPs including some long term locums and a long term locum advanced nurse practitioner. The clinical team is supported by a practice business manager, an assistant practice manager and a team of reception and administrative staff.

The main practice is open between 8am and 6.30pm Monday to Friday. Appointments at this practice are from 8.30am to 11.30am every morning and from 3pm to 5.30pm daily. Extended hours appointments are available on Tuesdays from 6.30pm to 7.45pm.

The practice does not provide out-of-hours services to the patients registered there. During the evenings and at weekends an out-of-hours service is provided by Derbyshire Health United. Contact is via the NHS 111 telephone number.

The practice was previously inspected in September 2015 and was rated as requires improvement overall; specifically the practice was rated as requires improvement for providing safe, effective and well-led services.

A further inspection was undertaken in November 2016 with the practice was rated inadequate overall; specifically the practice was rated as inadequate for providing safe, effective and well-led services. The practice was rated as good for providing caring services and requires improvement for providing response services. Following the inspection we took enforcement action in relation to regulatory breaches identified in respect of providing safe care and treatment and good governance.

Why we carried out this inspection

We undertook a comprehensive inspection of Clay Cross Medical Centre Health Centre on 2 November 2016 and 10 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective and well led services and was placed into special measures for a period of six months.

Detailed findings

We also issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by 16 January 2017. We undertook a follow up inspection on 31 January 2017 to check that action had been taken to comply with legal requirements. The report on the January 2017 inspection can be found by selecting the 'all reports' link for Clay Cross Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Clay Cross Medical Centre Health Centre on 14 July 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the clinical commissioning group (CCG) to share what they knew.

We carried out an announced visit on 14 July 2017. During our visit we:

- Spoke with a range of staff (including the lead GP, the pharmacist, nursing staff, the practice business manager, the assistant practice manager and a range of reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with community based staff who worked closely with the practice.
- Spoke with staff from care and nursing homes where the practice cared for patients.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Good

Are services safe?

Our findings

At our previous inspection in November 2016, we rated the practice as inadequate for providing safe services as we identified concerns in a number of areas including: the management of incidents and significant events; the receipt and management of alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and the management of controlled medicine.

These arrangements had significantly improved when we undertook a follow up inspection 14 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice had systems and processes in place to enable staff to report and record significant events.

- Staff told us they would inform the practice manager of any incidents or events in the first instance. There was a recording form available on the practice's computer system and staff were aware of how to access this. Copies of incident reporting forms were also provided in the information pack given to locum clinicians.
- 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).
- Where went wrong with care and treatment, patients were informed and provided with support and information. Apologies were given where appropriate and patients were told about actions taken to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We reviewed information related to seven significant events which had been recorded by the practice in 2017. This showed that significant events were investigated and learning was identified and discussed with relevant staff in a timely manner. Events were reviewed and monitored as required.
- Lessons were shared and action was taken to improve safety in the practice. For example, audits were undertaken in response to significant events to review care for groups of patients. We also saw evidence of processes being improved and action taken to ensure they were well-embedded in response to events.
- The practice also monitored and reviewed significant events to ensure action taken could be evaluated.

Overview of safety systems and process

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and staff were aware of where to find these. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Quick reference sheets were displayed around the practice outlining key safeguarding contacts. There was a lead GP responsible for child safeguarding and a lead GP for adult safeguarding. We saw evidence of regular meetings with the health visitor and school nurse.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the advanced nurse practitioner (ANP) were trained to child protection or child safeguarding level three.
- Notices were displayed around the practice to advise patients that they could request a chaperone if required. All staff who acted as chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The ANP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were IPC policies and protocol in place and staff had received training at a level relevant to their role. Regular IPC audits were undertaken for the main

practice and the branch practice; actions plans had been produced for each site and we saw evidence that action was taken to address any improvements identified as a result.

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

- There were processes for handling requests for repeat prescriptions which included the review of patients being prescribed high risk medicines. Information reviewed on the practice's clinical computer system demonstrated patients being prescribed high risk medicines were being monitored in line with guidance.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Independent Prescribers in the practice could prescribe medicines for clinical conditions within their expertise and they received mentorship and support from the medical staff for this extended role.
- The practice had previously held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse); however, these had been disposed of appropriately following the inspection in November 2016.

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

Monitoring risks to patients

Processes and procedures were in place for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- A fire risk assessment had been undertaken in July 2017 and evidence indicated action had been in response to any areas identified for improvement. For example, evacuation procedures were displayed around the practice. Regular fire drills and checks of the alarm system were undertaken and documented.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There was a range of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). General premises risk assessments were undertaken in addition to display screen equipment risk assessments.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients; rotas were planned in advance by the assistant practice manager with reception and administrative staff providing cover for each other in the event of holiday or sickness. Due to the sickness of one of the GPs and a salaried GP recently leaving the practice, the practice was using additional locum support to meet the needs of patients. The current situation had led to some appointments being cancelled; we saw evidence of proactive communication with patients regarding potentially cancelled appointments.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Emergency medicines and equipment were stored in a locked room; all clinicians and managers had keys to access the room in addition to

Good

Are services safe?

keys being held at reception. The practice told us they were considering replacing the lock with key code lock to negate the need for keys to be used in the event of an emergency.

- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in November 2016, we rated the practice as inadequate for providing effective services due to concerns identified related to the management of patients with long term conditions, and the systems for disseminating clinical guidelines.

These arrangements had improved when we undertook a follow up inspection on 14 July 2017; however there were still areas where improvement was required. The provider is now rated as requires improvement for providing effective services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Computers within the practice had shortcut links to NICE guidance. Updates to NICE guidance and local guidelines within were disseminated to all relevant staff via the ANP.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

There had been no new published QOF results since our inspection in November 2016; the most recently published results demonstrated that the practice had achieved 98.1% of the total number of points available which was 3.2% above the CCG average and 2.8% above the national average. The practice had an overall exception reporting rate within QOF of 16%. This was 6.9% above the CCG average and 6.2% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

QOF data from 2015/16 showed performance was in line with local and national averages. However, exception reporting rates for some areas were significantly above local and national averages:

- Performance for diabetes related indicators was 100% which was 11.2% above the CCG average and 10.1% above the national average. Exception reporting rates for all indicators used to measure the management of diabetes were above local and national averages. For example, the achievement for patients newly diagnosed with diabetes being referred to structured education within nine months was 100% which was 13.8% above the CCG average and 7.6% above the national average. However, the exception reporting rate for this indicator was 85.2% which was 55.7% above the CCG average and 62.2% above the national average.
- Performance for COPD related indicators was 100% which was 6% above the CCG average and 4.1% above the national average. Exception reporting rates for all indicators used to measure the management of COPD were above local and national averages. For example, the achievement for the percentage of patients with COPD with a record of FEV1 in the previous 12 months was 93% which was 11.1% above the CCG average and 7.1% above the national average. However, the exception reporting rate for this indicator was 40.7% which was 27.3% above the CCG average and 24.6% above the national average. The percentage of patients who received this intervention was 15.6% below the CCG average and 16.9% below the national average.
- Performance for mental health related indicators was 85.6% which was 8% below the CCG average and 7.2% below the national average. Exception reporting rates for all indicators used to measure the management of mental health were below local and national averages.
- 97.7% of patients diagnosed with dementia had their care plan reviewed face to face in the previous 12 months which 11.1% above the CCG average and 14% above the national average. This was achieved with an exception reporting rate of 6.4% which was below local and national averages.

Requires improvement

Are services effective?

(for example, treatment is effective)

As part of our inspection, we reviewed the QOF results submitted by the practice for 2016/17. This data is unpublished and unverified, therefore no local and national average data was available for comparison.

Data showed that there were some areas of improvement. For example:

- Performance for diabetes related indicators was 94%. Exception reporting rates for all indicators used to measure the management of diabetes had decreased from the previous year. For example, the exception reporting rate for the indicator regarding a record of a foot examination had dropped from 13.2% to 6.1%. However, the exception reporting rates were still above 20% for a number of indicators related to the management of diabetes. The exception reporting rate for the indicator regarding newly diagnosed patients with diabetes being referred to structured education had dropped from 85.2% but was still 52%. Audits had been undertaken in respect of referring newly diagnosed patients to structured education.
- Performance for COPD related indicators was 100%. Exception reporting rates for all indicators used to measure the management of COPD had decreased from the previous year. For example, the exception reporting rate related to the percentage of patients with COPD with a record of FEV1 in the previous 12 months had dropped from 40.7% to 15.5%.

The unpublished data from 2016/17 demonstrated that there were some other areas of continued high exception reporting. For example:

- The exception reporting rate related to the review of patients diagnosed with depression was 34.9%
- The exception reporting rate related to the review of patients diagnosed with cancer was 32.4% (although this had reduced from 48%).

We saw evidence that the practice had made changes to their approach in how they dealt with managing exception reporting. This involved staff and included a more in-depth review of data and outcomes to influence their decision making. For example, the practice had recently improved their recall systems for patients diagnosed with long-term conditions. Patients were now being recalled in the month of their birthday and patients with multiple long-term conditions were being reviewed in a single appointment.

There was evidence of regular discussions regarding performance and monitoring of patients and the practice told us they were confident that data for 2017/18 would show further decreases to their exception reporting rate.

Evidence indicated that the practice were taking steps to manage their patients more proactively with long-term conditions. For example, the practice had referred 197 patients as risk of developing type 2 diabetes to a local 'Healthier You' programme since January 2017.

There was evidence of quality improvement including clinical audit:

- There had been a range of clinical audits undertaken in the last two years, a number of these were completed audits where the improvements made were implemented and monitored. These included audits in relation to MHRA alerts; for example, following the last inspection in November 2016 the practice had undertaken an audit of all patients being prescribed ACE/ARBs and Spironolactone as these patients are at risk of hyperkalaemia. Improvements had been made to ensure a robust system of alerts and recalls was in place to enable monitoring of these patients; the audit was run again on a regular basis to ensure these patients continued to receive appropriate monitoring.
- There was involvement of nursing staff in clinical audit. For example, an audit had been undertaken to identify patients being prescribed salbutamol with no respiratory diagnosis. Patients were identified, appropriate investigations arranged and tailored management plans were agreed for each patient.
- There was evidence of clinical audit being linked to significant events.
- A range of non-clinical audits had also been undertaken or were planned for the coming months. For example patients not attending for booked appointments were audited monthly and audits were planned in respect of telephone answering times and the completion of routine tasks for reception.

Evidence demonstrated there was regular engagement with the CCG's medicines management team. Data from 2016/17 showed that the practice was significantly overspent in respect of their budget. However, feedback from the medicines management team indicated that prescribing costs for the practice for this financial year were reducing and indicated the practice were receptive to cost saving initiatives.

Requires improvement

Are services effective?

(for example, treatment is effective)

CCG data indicated that the practice had improved their performance in respect of other areas; although there were still areas where further improvements could be made:

- Their non-elective admissions rate was reducing and they had gone from having the highest non-elective admission rate for the CCG to being third highest (of 19 practices).
- GP 1st outpatient attender rates were reducing and the practice had from having the highest rate to the 11th highest rate in the CCG.
- Elective activity (referrals) rates had reduced from highest in the CCG to sixth highest.

Effective staffing

Evidence reviewed demonstrated clinical and non-clinical staff had the skills and knowledge to deliver effective care and treatment.

- Since the previous inspection in November 2016, the practice had implemented an improved induction programme for newly appointed staff. The induction programme covered a range of topics required for all roles such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The induction programme also identified specific training required for individual roles and each aspect of the training was signed off when completed.
- Relevant staff were supported to undertaken role-specific training and updates. For example, nursing staff reviewing patients with long-term conditions were supported to access training in specialist areas such as asthma and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Systems for providing clinical supervision, support and mentorship had been strengthened within the practice.
- All clinical and non-clinical staff had received an appraisal within the last 12 months. Appraisals were comprehensive and clearly identified strengths and areas for development for staff.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. The practice had recently introduced e-learning and evidence showed that this was being well utilised by staff. The practice was also using the e-learning system to record external training. In-house training was also provided, for example, in respect of fire safety.

Coordinating patient care and information sharing

Relevant staff could access the information they needed to enable the planning and delivery of care in a timely and accessible way through the practice's patient record system and their shared computer 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.

The practice had recently invested in an intranet document management system and was in the process of transferring all their information to this to further facilitate timely access to information.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. The practice directly employed a care coordinator who met with clinical staff on a weekly basis to review patients who were on the practice's 'virtual ward'. The virtual ward was a CCG initiative aimed to prevent unnecessary admissions to hospital through looking after patients in their own homes to as full as an extent as possible. Patients on the ward were generally frail older people or those with chronic diseases. Meetings were held regularly with the

Requires improvement

Are services effective?

(for example, treatment is effective)

involvement of community based staff including the community matron, district nurses, social workers and occupational therapists. Care plans were reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff undertook assessments of capacity to consent in line with guidance when providing care and treatment for children and young people.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinician undertook an assessment of the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice sought to identify patients in need of extra support and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 82% and the national average of 81%. The practice offered telephone or written reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme and ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Sample takers kept records of all samples sent for analysis and also audited their inadequate sample rate.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The uptake rate for bowel cancer screening was 59% which was in line with CCG average of 59% and the national average of 58%. The uptake rate for breast cancer screening was 74% which was in line with the CCG and national average of 73%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the 90% standard. For example, practice provided data for 2016/17 demonstrated that, uptake rates for the vaccines given to under two year olds ranged from 93% to 100%. Uptake rates for 5 year olds across the four quarters of 2016/17 showed uptake rates ranged from 98% to 100%.

The practice had 33 patients on their learning disability register; however, data provided by the practice indicated that only seven of those patients had received an annual health check in the last 12 months. This meant the practice could not be assured that the health needs of patients with a learning disability were being met. The practice had recently reviewed their systems for inviting patients with a learning disability for a health check; 26 of these patients have now been invited for a health check.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had offered 2308 NHS health checks since the commencement of the programme and 1208 health checks had been provided.

Good

Are services caring?

Our findings

At our previous inspection on 2 and 10 November 2016, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

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

As part of our inspection, we received 38 completed comment cards, 28 of which were entirely positive about the service experienced. Patients highlighted the excellent service provided by staff and described receptionists and clinical staff as helpful and caring. Ten comment cards were mixed or negative and showed some dissatisfaction, mainly related to waiting times for appointments.

We spoke with 10 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff were supportive when they needed help and provided advice and guidance when required.

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

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 83%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 96% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 96% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 96% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The practice had recently undertaken their own practice survey and had developed an initial action plan in response to this. Feedback to the survey highlighted friendly reception staff in the main practice and the branch practice. The survey also highlighted an issue with regards to confidentiality at the reception desk and the practice had responded to this by placing signage on the reception desk asking patients to stand back from the desk until it was their turn.

The views of external stakeholders were generally positive and aligned with our findings. Community based staff and care home staff reported that relations with the practice were improving but some reported that there were still areas requiring further improvement.

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. Feedback indicated that patients felt listened to and supported by staff and were given time during consultations to make informed decisions about treatment available to them.

Good

Are services caring?

We reviewed a sample of care plans and saw that these were personalised to reflect the individual circumstances and wishes of patients. Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 94% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Some information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers; this had increased from 43 at our previous inspection in November 2016 and was equivalent to 0.9% of the practice's patient list. The practice had a carers champion to help ensure that the various services supporting carers were coordinated and effective. They provided information, including information packs, for patients with a caring responsibility.

Staff told us that if families had experienced bereavement they were provided with support and given advice on how to access support services. Consultations were offered at a flexible time and location where these were required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in November 2016, we rated the practice as requires improvement for providing responsive services due to arrangements for the management of waiting list for minor surgical procedures and the arrangements in respect of learning from complaints needed improving.

These arrangements had improved when we undertook a follow up inspection on 14 July 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesday evening until 8pm to facilitate access for working patients who found it difficult to attend during normal opening hours.
- Longer appointments were available for those patients who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Home visits were undertaken on a daily basis by the GP and ANPs.
- Practice nurses provided home visits to housebound patients to support the reviews of patients with long-term conditions and administer flu vaccinations.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Weekly meetings were held to discuss patients in the practice's 'virtual ward' and to reduce the need for patients to be admitted to hospital.
- The practice sent text message reminders of appointments.
- A well-being worker was available at the practice one day per week.
- There were accessible facilities, which included a hearing loop and interpretation services were available for patients if required.
- Counselling services were provided within the practice and could be accessed by patients.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. Staff had completed Accessible Information Standard training.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11am each morning and from 3pm to 5.30pm each afternoon. Extended hours appointments were offered on Tuesday evenings until 8pm. The branch practice opened from 8.30am to 6pm on Monday, Wednesday and Thursday and from 8.30am to 12.30pm on Tuesday and Thursday.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. At the time of the inspection the waiting time for the next available routine appointment with a GP was two weeks although routine appointments were released each day for the same day and the following day.

The practice told us the waiting time for a routine appointment was currently longer than usual and was due to recent staffing difficulties the practice had experienced including the sickness of a GP and the salaried GP having recently left the practice. We saw evidence that practice was engaging locum GPs to provider cover and was actively recruiting for additional GPs and ANPs.

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

- 88% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 71%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 60% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

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

The practice had systems in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. All requests for home visits were reviewed by the assistant practice manager and flagged to the duty doctor. Guidance for administrative and reception staff taking requests for home visits was displayed in the practice to highlight when urgent action needed to be taken. During our inspection, we saw evidence of the practice responding quickly to a request for an urgent home visit.

At our previous inspection, we identified an issue in waiting lists to access minor surgery at the practice. One of the GPs had reviewed the minor surgery waiting list and called in every patient to explain the situation and referred patients on to receive care from alternative providers where this was required.

Listening and learning from concerns and complaints

Systems and processes were in place within the practice for handling complaints and concerns.

- The complaints policy and supporting procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system including posters and leaflets.

We looked at information related to six complaints received in the last 12 months and found these were acknowledged and responded to promptly; complaints were investigated thoroughly and patients were provided with explanations and apologies where appropriate as well as being told about actions taken to improve the service offered by the practice. Lessons were learned from complaints and we saw evidence of learning being shared with relevant staff; for example reception staff were provided with additional training in response to a complaint from a patient.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection in November 2016, we rated the practice as inadequate for providing well-led services due to concerns regarding leadership and governance within the practice.

We found arrangements had significantly improved when we undertook a follow up inspection of the service on 14 July 2017. The practice had achieved good progress and improvements in tackling the issues identified at the previous inspection. However, an agreed and deliverable plan for a sustainable future was still required. The practice is now rated as requires improvement for being well-led.

Vision and strategy

The practice had a clear vision to improve the quality of care and to promote good outcomes for patients.

- The practice were committed to ensuring sustainability for the future. As a partnership of two GPs, one of whom was on long-term sickness absence; they recognised the need to ensure they developed their resilience.
- Although a formal documented business plan was not in place, we saw evidence that the practice had been working collaboratively with the local GP federation. This work included the review of the financial and legal implications of merging with other local practices and had held discussions with a number of local practices regarding this.
- Resilience funding had been awarded to the practices to enable the sharing of policies and protocols and to enable them to begin working at scale. In addition, the practices were aiming to jointly recruit a number of GP retainers and had discussed this with Health Education England.
- Succession planning had commenced within the practice with evidence of planning for future practice management cover.
- Following the previous inspection in November 2016, the practice had developed a comprehensive action plan. We saw evidence that this was regularly reviewed and progress against action was monitored. Due to the ongoing absence of one of the partners and the recent resignation of the salaried GP, some areas of the action plan had not yet been fully addressed; however, the practice had ensured they reassessed and reassigned priorities and had clear timescales for the completion of actions.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice's plans and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. The practice had recruited a new practice manager who had been in post for four months. Staff were positive about improvements to the leadership within the practice.
- Practice specific policies were implemented and were available to all staff. A review of all policies and procedures was underway and the practice had recently invested in a new intranet based document management system; this would enable all policies and procedures to be stored centrally with reminders added to policies to flag when these were due to be reviewed.
- A comprehensive understanding of the performance of the practice was maintained. In addition to monitoring progress against the action plan, the practice had made significant improvements to how information about performance was shared with clinical staff. Clinical and practice meetings were held regularly and these provided an opportunity for staff to learn about the performance of the practice.
- Clinical staff were empowered to take ownership for tasks and had responsibilities in a range of areas including management of the nursing team; significant events and palliative care.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Plans were in place for future audits.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

Are services well-led?

Requires improvement

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

Prior to the inspection, we were informed about the absence of one the partners in the practice. Due to the partnership being comprised of two members; this impacted significantly on the capacity and capability of the remaining partner. However, locum support was being utilised and the practice manager and ANP demonstrated strong business and clinical leadership. Staff were positive about the leadership within the practice and significant improvements had been made in the provision of the quality of care.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

A culture of openness and honesty was encouraged by the partners and the management team and we saw that there had been significant improvements in this area since the last inspection with an increase in reporting of significant events.

People affected by incidents were provided with support, given information and explanations and received an apology where appropriate. The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management. Staff told us leadership and support had improved since the last inspection.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. Practice nurse, clinical, partnership and practice team meetings were held on a regular basis and minutes were available for review.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and were positive about the relationship with the new practice manager. A recent practice survey had been undertaken and the PPG were meeting with the practice manager to review areas where they could help generate improvements.
- the NHS Friends and Family test, complaints and compliments received
- staff through meetings, appraisals and ongoing discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.