Village Medical Group

Quality Report

The Village Surgery
Dudley Lane
Northumberland
NE23 6US
Tel: 01670 712821
Website: www:the-village-surgery.co.uk

Date of inspection visit: 25 November 2016
Date of publication: 06/02/2017

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 The Village Medical Group on 25 November 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 for reporting and recording significant events.
- Risks to patients and staff were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. They had the skills, knowledge and experience to deliver effective care and treatment.
- The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The practice's overall achievement, for 2015/16, was better than the local clinical commissioning group (CCG) and England averages.
- All staff were actively engaged in monitoring and improving quality and patient outcomes.
- Staff were highly committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. The practice had a comprehensive screening programme, and had performed above, or similar to, the national averages in relation to breast, bowel and cervical screening.
- The practice worked closely with other organisations, in planning how services were provided to ensure they met patients' needs. Services were tailored to meet the needs of individual people and were delivered in a way that provided flexibility, choice and continuity of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their treatment. Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed high levels of patient satisfaction with the quality of GP and nurse consultations.
- Information about services and how to complain was available and easy to understand.
- 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 well supported by the management team. Rigorous and effective governance arrangements were in place, which focussed on delivering good quality care.
- Staff had a clear vision and strategy for the development of the practice and were committed to providing their patients with good quality care and treatment.

We also saw an area of outstanding practice:

- The practice provides an Intermediate Musculoskeletal (muscle and joint) and Treatment Service (IMATS). This service provides patients registered with the practice, as well as those registered with other local GP surgeries (a patient population of approximately 69,000), with access to an assessment service provided by specialist physiotherapy practitioners. Without this service, these patients would need to be referred to orthopaedics and rheumatology secondary care services. Current data indicates the IMATs service will reduce referrals to the local care trust by more than 2600, during 2016/17.
- The practice participated in primary care research to help improve patient outcomes. They had obtained Research Ready accreditation with the Royal College of General Practitioners, which demonstrated they had met the necessary regulatory requirements for carrying out research. To help assist with the delivery of their research programme, the practice had employed a research nurse, who also provided research support to other practices in the locality. This position was funded by the practice. The practice provided evidence that they were the most proactive research practice within their local clinical commissioning group, with one hundred and forty eight patients participating in 13 studies, during the previous two years.

However, there were also areas where the provider should make improvements. The provider should:

- Use a standardised form to document significant events, to help promote consistent recording. The practice should also carry out a yearly review of significant events, to help identify common trends, themes and areas for improvement.
- Continue to review the practice's carers' register to make sure it accurately reflects the number of patients registered who are also carers.
- Revise the standard letter issued in response to complaints received, to include details of the Parliamentary and Health Service Ombudsman.
- Continue to take action to improve patient satisfaction levels in relation to telephone access and appointment waiting times.
- Provide all non-clinical staff with adult safeguarding training.

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 was an effective system for reporting on and learning from significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. However, staff were not using a standardised proforma to make sure significants events were recorded in a consistent way. Also, the practice did not carry out annual reviews of significant event to identify any common themes and trends.
- There was an effective system for dealing with safety alerts and sharing these with staff.
- The practice had clearly defined systems and processes that helped keep patients safe. Individual risks to patients had been assessed and were well managed. Good medicines management systems and processes were in place. Required employment checks had been carried out for staff recently appointed by the practice.
- The premises were clean and hygienic, and effective infection control processes were in place.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff were highly committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. This included providing advice and support to patients to help them manage their health and wellbeing.
- The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The practice's overall achievement, for 2015/16, was better than the local clinical commissioning group (CCG) and England averages.
- The practice had a comprehensive screening programme, and had performed above, or similar to, the national averages in relation to breast, bowel and cervical screening.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Quality improvement activities, including clinical audits, were carried out to improve patient outcomes. The practice had

Summary of findings

participated in primary care research to help improve patient outcomes. They had obtained Research Ready accreditation with the Royal College of General Practitioners, which demonstrated they had met the necessary regulatory requirements for carrying out research. To help assist with the delivery of their research programme, the practice had employed a research nurse, who also provided research support to other practices in the locality. The practice provided evidence that they were the most proactive research practice within their local clinical commissioning group, with one hundred and forty eight patients participating in 13 studies, during the previous two years.

- Staff worked effectively with other health and social care professionals to ensure the range and complexity of patients' needs were met.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

Good

The practice is rated as good for providing caring services.

- There was a strong, visible, person-centred culture. Staff treated patients with kindness and respect, and maintained patient and information confidentiality. Patients we spoke with, and those who had completed a Care Quality Commission comment card, were very happy with the quality of the care and treatment they received from clinical staff.
- Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels with the quality of GP and nurse consultations, and with their involvement in decision making, was either above, or similar to, most of the local CCG and national averages. For example, patients reported that they had 100% confidence and trust in the nurses that treated them.
- Information for patients about the range of services provided by the practice was available and easy to understand.
- Staff had made arrangements to help patients and their carers cope emotionally with their care and treatment. However, the number of patients on the practice's carers' register was lower than expected.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations in planning how services were provided, to ensure they met

Summary of findings

patients' needs. Services were tailored to meet the needs of individual people and were delivered in a way that provided flexibility, choice and continuity of care. For example, the practice provided an Intermediate Musculoskeletal (muscle and joint) and Treatment Service (IMATS). This service provides patients registered with the practice, as well as those registered with other local GP surgeries (a patient population of approximately 69,000), with access to an assessment service provided by specialist physiotherapy practitioners. Without this service, these patients would need to be referred to orthopaedics and rheumatology secondary care services. Current data indicated the IMATs service will reduce referrals to the local care trust by more than 2600, during 2016/17.

- The practice participated in primary care research to help improve patient outcomes and provide evidence that patients were receiving the best possible and most up to date care and treatment.
- Results from the NHS GP Patient Survey of the practice showed that patient satisfaction levels with appointment convenience and appointment availability, were similar to the local CCG and national averages. However, patient satisfaction levels in relation to telephone access and appointment waiting times, were lower.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
  Information about how to complain was available and easy to understand.
- Information about how to complain was available and easy to understand. There was evidence the practice responded in a timely manner to the issues raised with them. However, the contact details for the Parliamentary and Health Service Ombudsman (PHSO) had not been included in the letter of response to a complainant.

Are services well-led?

Good

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

- The practice had a very clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt well supported by the GP partners and the managing director. The practice had a very effective governance framework, which supported the delivery of their strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, to help keep patients safe.

Summary of findings

- The practice actively sought feedback from patients via their patient participation group (PPG). They had used this feedback by help improve to the quality of care patients received.
- There was a very strong focus on, and commitment to, continuous learning and improvement at all levels within the practice.
- The provider was aware of, and had complied with, the Duty of Candour regulation. The GP partners and managing director encouraged a culture of openness and honesty, and ensured that lessons were learned following significant events.

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 the care of older people.

- The Quality and Outcome Framework (QOF) data, for 2015/16, showed the practice had performed very well, and was above all of the local clinical commissioning group (CCG) and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- The practice offered proactive, personalised care which met the needs of older patients. For example, all patients over 75 years of age had a named GP who was responsible for their care. Home visits were provided for patients who were unable to attend the surgery.
- The practice was aligned to a local nursing home, and nursing staff received allocated time to enable them to monitor the ongoing care needs of the patients living there.
- Emergency care plans were in place for patients identified as being at risk of an unplanned admission into hospital. GPs had dedicated time set aside to enable them to complete these care plans.
- Monthly multi-disciplinary meetings were held to help ensure that the needs of patients with the most complex needs were met. The practice also held quarterly palliative care meetings, with other local healthcare professionals, to help manage the treatment needs of patients requiring palliative care.

People with long term conditions

Good

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

- The QOF data, for 2015/16, showed the practice had performed very well, and was above all of the local CCG and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- Patients with long-term conditions were offered annual reviews, to check that their health needs were being met and they were receiving the right medication. Longer appointments and home visits were available when needed. Patients at risk of an unplanned emergency admission into hospital were identified as a priority.

Summary of findings

- Patients were able to access the Intermediate Musculoskeletal (muscle and joint) and Treatment Service (IMATS). This service provided patients registered with the practice, as well as those registered with other local GP surgeries (a patient population of approximately 69,000), with access to an assessment service provided by specialist physiotherapy practitioners. Without this service, these patients would need to be referred to orthopaedics and rheumatology secondary care services.

Families, children and young people

Good

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

- There were good systems in place to protect children who were at risk and living in disadvantaged circumstances. For example, regular multi-disciplinary safeguarding meetings were held, where the needs of vulnerable children and families were discussed. Systems had been put in place to identify and follow up children who were at risk. All the clinical staff had completed appropriate safeguarding training. Appointments were available outside of school hours and the practice's premises were suitable for children and babies.
- The practice offered contraceptive and sexual health advice, and information was available about how patients could access specialist sexual health services.
- The practice had a comprehensive screening programme. Nationally reported information showed the practice's performance was either above, or broadly in line with, the national averages. For example, the uptake of cervical screening by females aged between 25 and 64, attending during the target period, was in line with the national average, 80.8% compared to 81.8%.
- The practice offered a full range of childhood immunisations and had performed above the local CCG averages in the delivery of these. For example, the immunisation rates for the vaccinations given to children under two years old, ranged from 97.3% to 100% (the local CCG averages ranged from 93.6% to 98.6%). For five year olds, the rates ranged from 94% to 100% (the local CCG averages ranged from 91.9% to 98.7%).

Working age people (including those recently retired and students)

Good

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

Summary of findings

- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of their patients.
- The QOF data, for 2015/16, showed the practice had performed very well, and was above all of the local CCG and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- Working age patients had access to a greater range of services 'under one roof' to enable them to receive treatment closer to home. For example, patients could access extra services such as the IMATS, physiotherapy, chiropody, the community anticoagulation clinic and retinal screening at the practice. The practice had set up a scheme, in collaboration with a national on-line pharmacy service, to enable their patients to have their repeat prescriptions delivered direct to their chosen address, at no extra cost.
- Extended hours appointments were offered each morning from 8:15am onwards, and each Monday evening until 8:30pm. Patients were able to use on-line services to access appointments and request prescriptions.

People whose circumstances may make them vulnerable

Good

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

- The practice held registers of patients living in vulnerable circumstances, so clinical staff could take this into account when providing care and treatment to these patients. Patients with learning disabilities were provided with access to an annual healthcare appointment to review their needs and ensure they were being met. The practice offered a home visiting service for patients with learning disabilities who were housebound.
- Systems were in place to protect vulnerable children and adults from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns, and they regularly worked with multi-disciplinary teams to help protect vulnerable patients. Staff were aware of how to contact relevant agencies in normal working hours and out-of-hours.
- Appropriate arrangements had been made to meet the needs of patients who were also carers.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- There were good arrangements for meeting the needs of patients experiencing poor mental health. The QOF data, for 2015/16, showed the practice had performed very well, and was above all the local CCG and national averages, in relation to providing care and treatment for this population group. For example, the percentage of patients with the specified mental health conditions, who had had a comprehensive, agreed care plan documented in their medical records, during the period from 1 April 2015 to 31 March 2016, was higher when compared with the England average (100% compared to 88.8%).
- The practice's clinical IT system clearly identified patients with dementia and other mental health conditions to ensure staff were aware of their specific needs.
- Patients experiencing poor mental health had access to information about how to access various support groups and voluntary organisations.
- Patients with mental health needs were able to access on-site mental health practitioners and counsellors, to help provide care and treatment within a local setting.

Summary of findings

What people who use the service say

We spoke with eleven patients, including three members of the practice's patient participation group. Most feedback about the way staff treated patients was very positive. Patients were very complimentary about the care and treatment clinical staff provided, and said they received enough time during appointments and felt listened to. They also told us the practice was clean. However, two patients told us they had experienced difficulties trying to obtain an appointment, and three said they found it difficult to get through to the practice on the telephone. One patient commented that reception staff were unhelpful and did not always speak to them in an appropriate manner.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 19 completed comment cards and these were mostly very positive about the standard of care and treatment provided. Words used to describe the service included: good service; very impressed; friendly and helpful; exemplary; wonderful; courteous and understanding. Two patients told us that they and their families had received a very high standard of care, which had helped them to stay healthy and safe.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels regarding the quality of GP and nurse consultations and access to appointments, were either better than, or similar to, most of the local clinical commissioning group (CCG) and national averages. However, patients were less satisfied with the helpfulness of receptionists, telephone access and appointment waiting times. For example, of the patients who responded to the survey:

- 95% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 89% and the national average of 87%.
- 98% had confidence and trust in the last GP they saw, compared with the local CCG average of 97% and the national average of 95%.
- 91% said the last GP they saw was good at listening to them. This was the same as the local CCG average, and above the national average of 89%.
- 91% said the last GP they saw or spoke to treated them with care and concern, compared with the local CCG average of 89% and the national average of 85%.
- 89% said the last nurse they saw or spoke to was good at giving them enough time, compared to the local CCG average of 94% and the national average of 92%.
- 100% had confidence and trust in the last nurse they saw or spoke to, compared to the local CCG average of 98% and the national average of 97%.
- 87% said the last nurse they saw was good at listening to them, compared to the local CCG of 94% and the national average of 91%.
- 91% said the last nurse they saw or spoke to treated them with care and concern. This was the same as the national average, and below the local CCG average of 93%.
- 74% found receptionists at the practice helpful, compared to the local CCG average of 89% and the national average of 87%.
- 82% were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 86% and the national average of 85%.
- 37% found it easy to get through to the surgery by telephone, compared to the local CCG average of 77% and the national average of 73%.
- 44% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 73% and the national average of 65%.

(219 surveys were sent out. There were 106 responses which was a response rate of 48%. This equated to 1.2% of the practice population.)

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Use a standardised form to document significant events, to help promote consistent recording. The practice should also carry out a yearly review of significant events, to help identify common trends, themes and areas for improvement.
- Continue to review the practice's carers' register to make sure it accurately reflects the number of patients registered who are also carers.
- Revise the standard letter issued in response to complaints received, to include details of the Parliamentary and Health Service Ombudsman.
- Continue to take action to improve patient satisfaction levels in relation to telephone access and appointment waiting times.
- Provide all non-clinical staff with adult safeguarding training.

Outstanding practice

- The practice provides an Intermediate Musculoskeletal (muscle and joint) and Treatment Service (IMATS). This service provides patients registered with the practice, as well as those registered with other local GP surgeries (a patient population of approximately 69,000), with access to an assessment service provided by specialist physiotherapy practitioners. Without this service, these patients would need to be referred to orthopaedics and rheumatology secondary care services. Current data indicates the IMATs service will reduce referrals to the local care trust by more than 2600, during 2016/17.

Village Medical Group

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 advisor, a CQC medicines inspector and a second CQC inspector. In addition, a CQC administrative member of staff shadowed the inspection.

Background to Village Medical Group

The Village Medical Group provides care and treatment to 9,300 patients of all ages, based on a Personal Medical Services (PMS) contract. The practice is part of the NHS Northumberland clinical commissioning group (CCG) and provides care and treatment to patients living in Cramlington and the surrounding areas. We visited the following location as part of the inspection:

The Village Surgery, Dudley Lane, Northumberland. NE23 6US.

The practice serves an area where deprivation is lower than the England average. In general, people living in more deprived areas tend to have a greater need for health services. The Village Surgery has fewer patients aged under 18 years of age, and more patients over 65 years, than the England average. The percentage of people with a long-standing health condition is above the England average, but the percentage of people with caring responsibilities is below. Life expectancy for women is higher than the England average, but lower for men. National data showed that 1.2% of the population are from non-white ethnic groups.

The practice occupies premises that have been purpose built to meet the needs of patients with disabilities. It is located at the south-east corner of the Manor Walks Shopping Centre. The premises are owner occupied, and had been extended on four occasions, to enable the delivery of a wider range of services in a better clinical environment. There are consultation and treatment rooms on both the ground and first floors.

The practice has two GP partners (female) and a non-clinical partner, the managing director (male). The managing director was responsible for the operational and strategic running of the surgery. There were also six salaried doctors (four female and two male). Two GP registrars (trainee doctors) were on placement at the time of our visit. The practice also had a lead practice nurse and a research nurse (both female), three healthcare assistants (female), a trainee physician's associate (female), a medicines manager (female) and a large team of administrative, reception and domestic staff.

The practice is an approved training and teaching practice, and is affiliated with Newcastle Medical School. It is also a research ready practice, which means it is able to get involved in primary care research.

The practice is open Monday between 8:15am and 8:30pm, and Tuesday to Friday between 8:15am and 6:30pm. The practice is closed at the weekend.

GP appointment times are:

Monday: 8:30am to 11:30am and 3:30pm to 8:10pm.

Tuesday to Friday: 8:30am to 11:30am and 3:30pm to 6:20pm.

When the practice is closed patients can access out-of-hours care via Vocare, known locally as Northern Doctors, and the NHS 111 service.

Detailed findings

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. This 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 November 2016. During our visit we:

- Spoke with a range of staff, including two GPs, a GP registrar, the managing director, the lead practice nurse, a reception manager and some of the administrative staff. We also spoke with eleven patients, including three members of the practice's patient participation group.
- Observed how staff interacted with patients in the reception and waiting area.
- Reviewed an anonymised 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.

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

Safe track record and learning

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

- Staff had identified and reported on seven significant events during the previous 10 months. The sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately. We saw evidence of learning and actions taken. For example, following one significant event where, during a home visit, a patient had been prescribed an antibiotic they were allergic to, the practice had amended the information sheet doctors take with them on home visits, to include an 'any allergies' section. Practice meetings and clinical meetings were used to review the effectiveness of any actions taken in response to a significant event. However, staff were not using a standardised proforma to make sure significant events were recorded in a consistent way. Also, the practice did not carry out annual reviews of significant events to identify any common themes and trends.
- The practice's approach to the handling and reporting of significant events ensured that the provider complied with their responsibilities under the Duty of Candour regulation. (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 relevant, patient safety incidents had been reported to the local clinical commissioning group (CCG) via the Safeguard Incident and Risk Management System (SIRMS). (This system enables GPs to flag up any issues via their surgery computer, to a central monitoring system, so that the local CCG can identify any trends and areas for improvement.) The practice had a system which helped ensure that an appropriate response was made to the safety alerts they received.

Overview of safety systems and processes

The practice had a range of clearly defined and embedded systems and processes in place, which helped to keep patients and staff safe and free from harm. These included:

- Arrangements to safeguard children and vulnerable adults. Policies and procedures for safeguarding children and vulnerable adults were in place. Staff told us they were able to easily access these. One of the GPs acted as the children and vulnerable adults safeguarding lead, providing advice and guidance to their colleagues. Staff demonstrated they understood their safeguarding responsibilities and the clinical team worked in collaboration with local health and social care colleagues, to protect vulnerable children and adults. Regular safeguarding meetings, involving health visitor staff, were held to monitor vulnerable patients and share information about risks. Children at risk were clearly identified on the practice's clinical IT system, so clinical staff could take this into account during consultations. Arrangements were in place to follow up vulnerable children and adults who failed to attend planned appointments. Most staff had received safeguardingaining relevant to their role. For example, the GPs had completed level three child protection training. However, a small number of non-clinical staff had not completed adult safeguarding training. The managing director told us this would be addressed following the inspection.
- Chaperone arrangements to help protect patients from harm. All the staff who acted as chaperones were trained for the role and had undergone 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 chaperone service was advertised on posters displayed in the waiting area. These included details of which staff carried out chaperoning duties.
- Maintaining appropriate standards of cleanliness and hygiene. Cleaning staff worked to an agreed schedule, and there was a system in place to check that expected standards of cleaning were complied with. There was an identified infection control lead who maintained an overview of compliance with the practice's infection control standards. There were infection control protocols in place and these could be easily accessed by staff. Staff had completed infection control training appropriate to their roles and responsibilities. An independent healthcare professional from the local trust had recently carried out a comprehensive infection control audit, using a standardised tool. This audit included an action plan, which the practice had addressed prior to our inspection. The practice had

achieved a score of 86% and the professional who completed the audit told them they had performed very well in achieving this score. Sharps bin receptacles were available in the consultation rooms, and had been signed and dated by the assembler. Clinical waste was appropriately handled.

- Appropriate arrangements for managing medicines, including emergency drugs and vaccines. The practice had a system for monitoring repeat prescriptions and carrying out medicines reviews. We identified no concerns with how this worked. Suitable arrangements had been made to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records. Appropriate systems were in place to manage high risk medicines. Stocks of prescription forms were checked and logged on being received into the practice. These were securely stored. Patient Group Directions (PGD) had been adopted by the practice, to enable nurses to administer medicines in line with legislation. These were up-to-date and had been signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- The carrying out of a range of employment checks to make sure staff were safe to work with vulnerable patients. We looked at a sample of staff recruitment files. Appropriate indemnity cover was in place for all clinical staff. The provider had obtained information about staff's previous employment and, where relevant, copies of their qualifications, as well as written references. The provider had also carried DBS checks on each person and had obtained proof of their identity, via the NHS SMART card system.

Monitoring risks to patients

Overall, risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. For example, the practice had arranged for all clinical equipment to be serviced and, where appropriate, calibrated, to ensure it was safe and in good working order. A range of other routine safety checks had also been carried out. These included checks of fire, electrical and gas systems. A fire risk assessment had recently been completed in November 2016, and the actions identified were due to be addressed within the next three months. All staff had completed fire safety training and a fire drill had taken place during the previous 12 months. A range of health and safety risk assessments had been completed, to help keep the building safe and free from hazards. The managing director told us the premises had been identified as low risk in relation to Legionella. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.) The practice had a legionella policy in place, underpinned by a risk assessment. Water temperature checks to prevent the spread of legionella were being carried out, and periodic water sampling was also undertaken.
- There were suitable arrangements in place for planning and monitoring the number and mix of staff required to meet patients' needs. The practice had taken action to help ensure they had sufficient doctors and nurses to meet patients' needs. This included the recent recruitment of an Induction and Refresher Scheme GP, and a physician associate who they were supporting to complete their professional training. The practice had also recently applied to take on a GP trainee under the GP Retainer Scheme. Non-clinical staff had allocated roles, but were also able to carry out all duties required of administrative staff. Rotas were in place which helped to make sure sufficient numbers of staff were always on duty to meet patients' needs, and staff covered each other's holiday leave.

Arrangements to deal with emergencies and major incidents

The practice had made appropriate arrangements to deal with 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.
- Staff had completed basic life support training, to help them respond effectively in the event of an emergency.
- Emergency medicines were available in the practice, and were kept in a secure area. All of the emergency medicines we checked were within their expiry dates.

Good

Are services safe?

- Staff had access to a new defibrillator and adult pads. We were told children's pads were on order. There was also a supply of oxygen for use in an emergency. Regular checks of these had been carried out to make sure they were in good working order.
- The practice had a business continuity plan in place for major incidents. This was accessible to all staff via the practice's intranet system. A copy of the plan was also kept off site by key individuals. The plan included emergency contact numbers.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep clinical staff up-to-date with these, including, for example, discussing guidelines and revisions during practice meetings. Minutes of these meetings were made available to clinical staff who were unable to attend.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The QOF data, for 2015/16, showed the practice had performed very well in obtaining 100% of the total points available to them for providing recommended care and treatment. This was above the local clinical commission group (CCG) average of 97.6% and the England average of 94.8%. (QOF is intended to improve the quality of general practice and reward good practice.)

- Performance for the diabetes related indicators was higher than the national average. For example, the percentage of patients with diabetes, in whom the last blood pressure reading, in the period during the period from 1 April 2015 to 31 March 2016, was 140/80 mmHg or less, was higher when compared to the England average (86.3% compared to 77.6%).
- Performance for the mental health related indicators was also higher than the national average. For example, the percentage of patients with the specified mental health conditions, who had had a comprehensive, agreed care plan documented in their medical record, during the period from 1 April 2015 to 31 March 2016, was higher when compared with the England average (100% compared to 88.8%).

The practice's exception reporting rate, at 15.4%, was 5.1% above the local CCG average and 5.6% above the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) We discussed the practice's higher than average exception reporting rate with one of the GP partners who felt that this might be as a result of staff incorrectly coding patients' needs and treatment given. They also said that patients 'excepted' from the practice's depression register most likely included those that no longer needed to be on the register. We were told that this would be immediately addressed following the inspection. Evidence obtained during the inspection demonstrated that rigorous patient recall processes were in place.

Staff were proactive in carrying out quality improvement activities, including clinical audits. Some of the audits we looked at were complete two-cycle audits, whilst others carried out by trainee doctors, were single cycle audits, with a recommendation to re-audit at a later stage. Clinical audits carried out included: checking that blood glucose levels had returned to normal for women diagnosed with gestational diabetes; looking at whether antibiotics had been appropriately prescribed for patients with tonsillitis; the use of Aspirin to help lower the risk of a stroke in patients with atrial fibrillation. The completed two-cycle audits were relevant and showed learning points. There was evidence that clinical audit outcomes had been shared with staff during practice meetings, to help promote shared learning. A range of quality improvement audits had also been carried out covering such areas as infection control; cervical screening and the arrangements for meeting the needs of patients with dementia. Improvements included ensuring that all the GPs had access to the latest guidance on meeting the needs of patients with dementia, and ensuring that patients' diagnoses were accurately recorded in their medical records.

The practice participated in primary care research to help improve patient outcomes. To help assist with the delivery of their research programme, the practice had employed a research nurse, who also provided research support to other practices in the locality. Due to the practice's high level of participation in research work, the National Institute for Health Research had engaged a member of the current administration team to act as a GP engagement lead. An important component of this role will be to actively engage local primary care organisations in research, by providing them with a framework they can

Good

Are services effective?

(for example, treatment is effective)

adopt. As well as improving outcomes for patients participating in the research, the practice's involvement in research had also led to increased revenue, which was invested in improving patient care.

The practice had been involved in a range of research activity including, for example, a four-fold asthma study. This looked at the clinical effectiveness and cost-effectiveness of temporarily quadrupling the dose of inhaled steroid to prevent asthma exacerbations. The practice provided an example of the impact their involvement in research had had upon an individual patient. Prior to the practice's involvement in the four-fold asthma study, this patient had been a regular attender at the surgery. After their involvement in the study, their attendance had reduced to zero. The practice had also recently been accepted to deliver an industry study commissioned by a pharmaceutical company. To do this, they demonstrated they were able to comply with stringent research standards.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. For example, the trainee doctor we spoke with told us they had received an appropriate induction which had met their needs.
- The practice could demonstrate how they ensured role specific training. Nursing staff had completed additional post qualification training, to help them meet the needs of patients with long-term conditions. For example, the lead practice nurse had recently updated their training in the following areas: asthma; chronic obstructive pulmonary disorder and diabetes. They told us they were due to complete a spirometry course in 2017, and confirmed their cervical screening and immunisations training was up-to-date. They said training was encouraged as long as it was of benefit to the practice and its patients. Staff made use of e-learning training modules, to help them keep up to date with their mandatory training.
- Staff had received an annual appraisal of their performance during the previous 12 months. Appropriate arrangements were in place to ensure the GPs received support to undergo revalidation with the General Medical Council.

Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment.

- The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions.
- All relevant information was shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services.
- Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance.

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

Supporting patients to live healthier lives

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years.
- There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks.

Good

Are services effective?

(for example, treatment is effective)

The practice had a comprehensive screening programme. Their performance was either above, or similar to, the national averages in relation to breast, bowel and cervical screening. Data showed:

- The uptake of breast screening by females aged between 50 and 70, during the previous 36 months, was above the national average, 83.2% compared to 72.2%.
- The uptake of bowel cancer screening by patients aged between 60 and 69, during the previous 30 months, was above the national average, 63.4% compared to 57.9%.
- The uptake of cervical screening by females aged between 25 and 64, attending during the target period, was in line with the national average, 80.8% compared to 81.8%. The practice had protocols for the management of cervical screening, and for informing women of the results of these tests. These protocols were in line with national guidance.
- The practice offered a full range of childhood immunisations and had performed above the local CCG averages in the delivery of these. For example, the immunisation rates for the vaccinations given to children under two years old, ranged from 97.3% to 100% (the local CCG averages ranged from 93.6% to 98.6%). For five year olds, the immunisation rates ranged from 94% to 100% (the local CCG averages ranged from 91.9% to 98.7%).

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were highly motivated to offer care that was kind, promoted patients' dignity and respected cultural differences. Throughout the inspection staff were courteous and helpful to patients who attended the practice or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens were provided in consultation rooms so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations, so that conversations could not be overheard. A notice in the reception area informed patients that a private area would be found if they needed to discuss a confidential matter.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 19 completed comment cards and these were mostly very positive about the standard of care and treatment provided. Words used to describe the service included: good service; very impressed; friendly and helpful; exemplary; wonderful; courteous and understanding. Two patients told us that they and their families had received a very high standard of care, which had helped them to stay healthy and safe.

We spoke with eleven patients, including three members of the practice's patient participation group. Most feedback about the way staff treated patients was very positive. Patients were very complimentary about the care and treatment clinical staff provided, and said they received enough time during appointments and felt listened to. They also told us the practice was clean. However, one patient commented that reception staff were unhelpful and did not always speak to them in an appropriate manner.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels with the quality of GP and nurse consultations, and with their involvement in decision making, was either above, or similar to, most of the local CCG and national averages. However, patients were less satisfied with the helpfulness of receptionists. Of the patients who responded to the survey:

- 95% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 89% and the national average of 87%.
- 98% had confidence and trust in the last GP they saw, compared with the local CCG average of 97% and the national average of 95%.
- 91% said the last GP they saw was good at listening to them. This was the same as the local CCG average, and above the national average of 89%.
- 91% said the last GP they saw or spoke to treated them with care and concern, compared with the local CCG average of 89% and the national average of 85%.
- 89% said the last nurse they saw or spoke to was good at giving them enough time, compared to the local CCG average of 94% and the national average of 92%.
- 100% had confidence and trust in the last nurse they saw or spoke to, compared to the local CCG average of 98% and the national average of 97%.
- 87% said the last nurse they saw was good at listening to them, compared to the local CCG of 94% and the national average of 91%.
- 91% said the last nurse they saw or spoke to treated them with care and concern. This was the same as the national average, and below the local CCG average of 93%.
- 74% found receptionists at the practice helpful, compared to the local CCG average of 89% and the national average of 87%.

The practice had gathered feedback from patients using the Friends and Family Test survey. The most recent feedback made available to us showed that 82% of patients were likely to recommend the practice to their friends and family. The practice had also carried out their own patient survey during 2015/16. This showed that 87% of patients had reported a positive experience of using the practice.

Care planning and involvement in decisions about care and treatment

The patients we spoke with, and those who commented on this in their CQC comment cards, told us clinical staff involved them in decisions about their care and treatment. Most of the results from the NHS GP Patient Survey of the

practice showed patient satisfaction levels, regarding involvement in decision-making and how clinical staff explained tests and treatments, were either above, or similar to, most of the local CCG and national averages. Of the patients who responded to the survey:

- 87% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 90% and the national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care. This was the same as the local CCG average, and above the national average of 82%.
- 90% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 88% and the national average of 85%.

However, only 85% of respondents said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 92% and national average of 90%.

Patient and carer support to cope emotionally with care and treatment

Staff were good at helping patients and their carers to cope emotionally with their care and treatment.

- They understood patients' social needs, supported them to manage their own health and care, and helped them maintain their independence.
- Notices in the patient waiting room told patients how to access a range of support groups and organisations.
- Where patients had experienced bereavement, staff would contact them to offer condolences and support and, if requested, a visit.

The practice was committed to supporting patients who were also carers.

- Staff maintained a register of these patients, to help make sure they received appropriate support and, referral where appropriate, to the local carers' support group. There were 82 patients on this register, which equated to 0.8% of the practice's population. This was lower than expected given the number of patients registered with the practice. However, the practice was actively taking steps to make sure the register included all patients who were also carers. The practice had also recently written to each patient on the register to ask whether they were getting the support they needed.
- A member of staff acted as the designated carers' lead and, where appropriate, supported the referral of patients to the local carers' group, to help them access advice and support. Information about how to access carer support was available at the practice. The carer's lead was also taking steps to ensure that, for patients who were also carers, this was identified on their medical records, so it could be taken into account by clinical staff during consultations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice worked closely with other organisations, in planning how services were provided to ensure they met patients' needs. Services were tailored to meet the needs of individual people and were delivered in a way that provided flexibility, choice and continuity of care. Examples of the practice being responsive to and meeting patients' needs included:

- The practice providing an Intermediate Musculoskeletal (muscle and joint) and Treatment Service (IMATS) for the locality. (The practice was the first GP surgery to provide this type of service, which has since been replicated by other providers.) This service provided patients registered with the practice, as well as those registered with other local GP surgeries (a patient population of about 69,000), with access to an assessment service provided by specialist practitioners. Without this service, patients would have needed a referral to orthopaedics and rheumatology secondary care. All the staff working within the IMAT service, including a GP with a Special Interest (GPwSI) in this area, and Extended Scope Physiotherapists, were directly managed by the practice. Current data indicated that approximately 2217 referrals will have been made to the service, between April 2016 to March 2017. Patients who received treatment from the IMATs service included: 1776 newly referred patients; 923 patients returning for review and routine treatment; and over 400 patients who had MRI scans. The service had provided over 25% more than its expected contractual activity. The work carried out by the IMATs service has reduced referrals to the local care trust by more than 2600, during 2016/17. The cost of running the IMATs service equated to approximately £85 per patient contact, which is significantly lower than the costs of an orthopaedic referral.
- Providing working age patients with access to a range of services 'under one roof' to help them receive treatment closer to home. For example, patients could access extra services such as in-house physiotherapy, chiropody, the community anticoagulation clinic and retinal screening. Although some of these services were provided by outside bodies, the practice provided the accommodation and reception support, to enable their own and other patients to be treated within their local community. In addition to this, the practice had set up a scheme, in collaboration with a national on-line pharmacy service, to enable their patients to have their repeat prescriptions delivered direct to their chosen address, at no extra cost.
- The provision of a range of health promotion clinics, including smoking cessation appointments, new patient checks and clinics for patients with long-term conditions such as asthma, diabetes, chronic heart disease, chronic obstructive pulmonary disease and hypertension. A responsive patient recall system was in place which helped to ensure patients had their needs reviewed on a regular basis.
- Providing all patients over 75 years of age with a named GP who was responsible for their care. Home visits were provided for patients who were unable to attend the surgery. The practice was aligned to a local nursing home, and nursing staff received allocated time to enable them to monitor the on-going care needs of the patients living there.
- Emergency care plans were in place for patients identified as being at risk of an unplanned admission into hospital. GPs had dedicated time set aside to enable them to complete these care plans. Monthly multi-disciplinary meetings were held to help ensure that the needs of patients with the most complex needs were met. The practice also held quarterly palliative care meetings, with other local healthcare professionals, to help manage the treatment needs of patients requiring palliative care. The practice had recently appointed a GP with a Special Interest (GPwSI) in palliative care, and intended to use this clinician to help them develop the care and support they provided to palliative care patients.
- Appointments were available outside of school hours, including afternoon and evening appointment slots, and ill children were provided with access to same day care. The practice premises were suitable for children and babies. For example, there was a dedicated breast feeding room, and the extra wide corridors, and large consulting rooms, provided easier access for prams and wheelchairs. The practice offered contraceptive services, and sexual health information was available in the reception areas. Patients were able to access weekly, midwife-led, ante-natal and post-natal care at a near-by health centre.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice's clinical IT system clearly identified patients with dementia and mental health conditions, to ensure staff were aware of their specific needs. Patients experiencing poor mental health had access to information about how to access various support groups and voluntary organisations. Patients with mental health needs were able to access on-site mental health practitioners and counsellors, to help provide care and treatment within a local setting. Patients identified as being in need of immediate mental health support were referred to the local crisis teams for urgent review. The practice had recently employed a GP who had expressed an interest in becoming a GPwSI in mental health, and intended to use this clinician to help them develop the care and support they provided to this group of patients.
- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. Patients with learning disabilities were provided with access to an annual healthcare appointment to review their needs and ensure they were being met. The practice had recently appointed a GPwSI in Learning Disabilities. It was hoped that this would enable the practice to further develop the onsite support and treatment available to this group of patients. The practice offered a home visiting service for patients with learning disabilities who were housebound. disabled toilets with appropriate aids and adaptations.

Access to the service

The practice was open Monday between 8:15am and 8:30pm, and Tuesday to Friday between 8:15am and 6:30pm. The practice was closed at the weekend. The practice had four incoming telephone lines to help them respond to patient requests for appointments, with these opening at 8:15am each day.

The GP appointment times were:

Monday: 8:30am to 11:30am and 3:30pm to 8:10pm.

Tuesday to Friday: 8:30am to 11:30am and 3:30pm to 6:20pm.

All consultations were by appointment only and could be booked by telephone, in person or on-line. Patients were able to access book-on-the day appointments, as well as routine pre-bookable appointments, and GP staff provided 14 patient clinical sessions. Telephone consultations were offered, to help manage patient demand for access to advice, care and treatment, and emergency on-the-day slots were offered for patients presenting with urgent needs. The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention.

The majority of patients who provided feedback on CQC comment cards raised no concerns about telephone access to the practice or appointment availability. However, two patients told us they had experienced difficulties trying to obtain an appointment, and three said they found it difficult to get through to the practice on the telephone. Of the eleven patients we spoke with, two told us they had experienced difficulties trying to obtain an appointment, and three said they found it difficult to get through to the practice on the telephone. Results from the NHS GP Patient Survey of the practice showed that patient satisfaction levels with appointment convenience and appointment availability were similar to the local CCG and national averages. However, patient satisfaction levels in relation to telephone access and appointment waiting times, were lower than the local clinical commissioning group (CCG) and national averages. Of the patients who responded to the survey:

- 91% said the last appointment they got was convenient, compared with the local CCG average of 93% and the national average of 92%.
- 82% were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 86% and the national average of 85%.
- 37% found it easy to get through to the surgery by telephone, compared to the local CCG average of 77% and the national average of 73%.
- 44% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 73% and the national average of 65%.

The GP partners and managing director provided evidence which demonstrated they were being proactive in addressing feedback from their patients, regarding telephone access and appointment waiting times. The practice was working closely with the local CCG to explore how they could provide seven day access and increased GP and nurse hours, as well as more chronic disease clinics. The practice was considering whether to introduce Skype and webcam consultations, and upgrade the Surgery Pod,

Good

Are services responsive to people's needs?

(for example, to feedback?)

to enable patients to carry out their own healthcare checks, to help reduce pressure on appointment availability and appointment waiting times. (A Surgery Pod helps maximise patient self-service in GP surgeries, enabling patients, without clinical supervision, to perform their own tests, which are uploaded instantaneously into their patient record.) A telephone system had been introduced which provided four lines into the practice, as well as a queuing system to enable patients to identify when their call would be answered. The managing director told us that they hoped these initiatives would help to ensure the practice's appointment system remained responsive to patients' needs.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. The next routine appointment to see a GP was available at 4pm on the day of the inspection, and a nurse appointment was available the following day at 8:15am.

Listening and learning from concerns and complaints

The practice had a system in place for managing complaints.

- This included having a designated senior member of staff who was responsible for handling any complaints and a complaints policy which provided staff with guidance about how to handle them. Information about how to complain was available on the practice's website and was also on display in the patient waiting area.
- The practice had received fourteen complaints during the previous 12 months. In the complaint we sampled, we saw staff had offered an apology as well as an explanation of what had led to the circumstances described by the complainant. We saw that details were provided of improvements that had been made to address the complainant's concerns. Although it was clear staff had responded promptly to the patient's concerns and treated the issues they raised with seriousness, the contact details for the Parliamentary and Health Service Ombudsman (PHSO) had not been included in the letter of response to the complainant, to enable them to easily escalate their concerns should they remain dissatisfied with the practice response.

Are services well-led?

Good

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

Our findings

The leadership, governance and culture at the practice actively encouraged and supported the delivery of good-quality, person-centred care.

- The GP partners and managing director had a clear vision to deliver high quality care and promote good outcomes for their patients. The practice had devised a detailed statement of purpose as part of their application to register with the Care Quality Commission. This included a clear set of objectives which set out what they wanted to achieve for their patients. In addition, the practice had prepared a detailed statement setting out its approach to delivering the NHS Constitution, and had also provided a pledge detailing how it would seek to meet the rights of patients and staff. The GP partners and managing director demonstrated they had a clear strategy in place to improve the availability of services within their primary care community, which they were taking steps to implement.
- The GP partners and the managing director were committed to improving the quality of care and treatment they provided to patients. All of the staff we spoke to were aware of the practice's commitment to providing good patient care and how they were expected to contribute to this. They were proud to work for the practice and had a clear understanding of their roles and responsibilities.

Governance arrangements

The practice had a very effective overarching governance framework which supported the delivery of the partners' strategy and good quality care. This ensured that:

- There was a clear staffing structure and staff understood their roles and responsibilities.
- Quality improvement activity was undertaken, to help improve patient outcomes.
- Regular planned meetings were held to share information and manage patient risk. These included regular practice, clinical, business, heads of department, nurses, palliative care and multi-disciplinary meetings. Meetings were well minuted, and copies could be easily accessed by all staff. Designated staff held lead clinical and non-clinical roles, to help provide leadership and direction within the practice, and provide patients with the best possible care.
- Staff were supported to learn lessons when things went wrong, and to identify, promote and share good practice.
- Staff had access to a range of policies and procedures, which they were expected to implement.
- Patients were encouraged to provide feedback on how services were delivered and what could be improved.

Leadership, openness and transparency

On the day of the inspection, the GPs, the lead nurse and the managing director, demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality compassionate care. There was a clear leadership and management structure, underpinned by strong, cohesive teamwork and good levels of staff satisfaction.

The provider had complied with the requirements of the Duty of Candour regulation. (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 GP partners and managing director encouraged a culture of openness and honesty. Staff we spoke with told us they felt well supported by the leadership at the practice, and regular meetings took place to help promote their participation and involvement.
- A culture had been created which encouraged and sustained learning at all levels.
- There were effective systems which ensured that when things went wrong, lessons were learned to prevent the same thing from happening again.

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

The practice encouraged and valued feedback from patients and staff. The practice had gathered feedback from patients through their Friends and Family Test survey. In addition to this, they had

carried out their own patient survey during 2015/16. There was clear evidence that the practice seriously considered the feedback they received from patients. For example, in

Are services well-led?

Good

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

response to patient concerns about access to appointments, the practice had participated in a trial to improve out-of-hours access, and to reduce inappropriate attendances at the local accident and emergency department. Information about patient feedback was on display in the waiting area.

The practice also actively sought feedback from their patient participation group (PPG). Information about how to join the group was available in the practice and on their website. The PPG met twice a year and key staff attended these meetings. The meetings held had agendas and were minuted. The PPG had clear, agreed objectives for 2015/16, which set out what they hoped the practice would achieve. PPG members told us they felt their views and opinions were welcomed by the practice.

The GP partners and managing director valued and encouraged feedback from their staff. Arrangements had been made which ensured that staff had received an annual appraisal

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and actively encouraged innovation in service delivery. The team demonstrated their commitment to innovation, continuous learning and improvement by:

- Participating in, and helping to foster, collaborative working relationships between the local care trust, the Village Medical Group, and other practices in the locality, to help manage the demand for primary care and reduce pressures on acute services. The practice hosted the locality extended hours hub as part of an initiative to reduce the number of patients attending the local accident and emergency department.
- Providing GP Registrars (trainee doctors) and 3rd, 4th and 5th year medical students with opportunities to learn about general practice.
- Obtaining Research Ready accreditation with the Royal College of General Practitioners. (This means the practice has demonstrated they are aware of, and have met, the necessary regulatory requirements for research.) The practice provided evidence that they had been involved in a range of research activity to help improve patient outcomes. This included, for example, research looking at the disease susceptibility of women in primary care and a four-fold asthma study looking at the clinical and cost-effectiveness of temporarily quadrupling the dose of inhaled steroid to prevent asthma exacerbations.
- Actively encouraging and supporting staff to access relevant training including, for example, events run by the local clinical commissioning support group.
- Carrying out a range of clinical and quality improvement audits, to help improve patient outcomes.
- Learning from any significant events that had occurred, to help prevent them from happening again.