Emmett Carr Surgery

Quality Report

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Date of inspection visit: 8 November 2016
Date of publication: 22/12/2016

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?	Requires improvement
Are services effective?	Good
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 Emmett Carr Surgery on 8 November 2016. Overall, the practice is rated as requires improvement.

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

- There was a system in place for the reporting and recording of significant events. Learning was applied from events to enhance the delivery of safe care to patients, although this was not routinely done as part of a formal meeting including the whole team. The process of signing off any actions taken following an incident required strengthening.
- The practice had systems in place to safeguard children. There was effective liaison with the health visitor to ensure that vulnerable children were kept safe.
- The practice team had the skills, knowledge and experience to deliver good quality care and treatment. Clinicians kept themselves updated on new and revised guidance although there was no dedicated meeting at which the team formally discussed clinical issues.
- We saw some evidence of a programme of clinical audit that reviewed care against specific criteria or guidance.
- Patients told us they were treated with compassion, dignity and respect, and said they were involved in their care and decisions about their treatment. This was corroborated bythe outcomes of the latest national GP patient survey and CQC comment cards.
- The practice planned and co-ordinated patient care with the wider health and social care multi-disciplinary team to deliver effective and responsive care to keep vulnerable patients safe. Fortnightly meetings took place to discuss and review patients' needs.
- There were some arrangements in place to assess and manage risk. The identification of new or emerging risks required strengthening.
- Feedback from patients we spoke with on the day, and from CQC comment cards, demonstrated that people were generally satisfied with access to GP appointments.

Summary of findings

- The practice had good facilities and was well-equipped to treat patients and meet their needs. The premises were accessible for patients with mobility difficulties.
- Practice meetings took place on approximately five occasions during the year. Staff said that GP partners and the practice manager were approachable and always had time to talk with them.
- The partnership had produced a vision statement and had developed objectives for the service. There was not a clear strategy or formal business planning arrangements in place.
- The practice worked collaboratively with other practices and engaged with their Clinical Commissioning Group (CCG).
- The practice had an open and transparent approach when dealing with complaints. Information about how to complain was available, and improvements were made to the quality of care as a result of any complaints received.
- The practice had an active patient participation group (PPG) which usually met on a quarterly basis, and worked with the practice to respond to patient feedback. The PPG helped the practice to design an annual in-house patient survey.

The areas where the provider must make improvements are:

- Strengthen the systems to enable the provider to have effective oversight of the quality of the service being provided and to mitigate identifiable risk. For example by ensuring internal meetings allow for discussion and learning from events and complaints; ensuring the practice policies are followed for example in relation to recruitment; minimising delays in identifying risks to patients by not responding directly to MHRA alerts; and considering succession planning as part of the practice strategy.

The areas where the provider should make improvements are:

- Review documentation to support staff inductions and the appraisal process.
- Review the content of practice cleaning schedules.
- Strengthen the systems to evidence the immunity status of staff
- Review the systems for clinical audit, and in particular the use of completed audit cycles to ensure improvements to patient care.
- Continue to review the patient feedback on access to a preferred GP, and assess the impact of steps being taken to address this.

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?

Requires improvement

- Staff were encouraged to report significant events in a supportive environment. Learning was applied from incidents to improve safety in the practice. The process for reviewing incidents required strengthening to ensure these were discussed regularly with the practice team, with systems in place to ensure all agreed actions had been completed.
- The practice had systems in place to ensure they safeguarded vulnerable children from abuse, and staff had received child safeguarding training at the appropriate level.
- The practice were unable to evidence that all appropriate pre-employment checks had been undertaken.
- Systems were in place to manage medicines on site appropriately.
- Patients on high-risk medicines were monitored on a regular basis.
- Actions were taken to review any medicines alerts received to ensure patients were kept safe. However, this was primarily managed by the CCG medicines management team and required more ownership and oversight from the practice.
- The practice had systems in place to deal with medical emergencies within the surgery.
- The practice had developed contingency planning arrangements supported by an up to date written plan that was regularly updated.

Are services effective?

Good

- Clinicians updated themselves on how to deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- There was no designated meeting for clinicians to review clinical matters, and discussions were undertaken on a more informal and ad hoc basis.
- The practice had acquired a total achievement of 97.9% for the Quality and Outcomes Framework (QOF) 2015-16. This was above the CCG average of 94.9%, and above the national average of 95.4%.
- The practice worked collaboratively with the wider health and social community to plan and co-ordinate care to meet their patients' needs at regular multi-disciplinary team meetings.

Summary of findings

- Staff had the skills and experience to deliver effective care and treatment. New employees received inductions, and all members of the practice team had received an appraisal in the last year. However, we observed that documented evidence for inductions and appraisals required strengthening.
- We saw some evidence of a practice clinical audit programme.

Are services caring?

Good

- We observed that staff treated patients respectfully and with kindness during our inspection.
- Patients we spoke with during the inspection, and feedback received on our comments cards, indicated that they felt treated with compassion and dignity, and were given sufficient time during consultations.
- The practice had identified 1.3% of their registered patients as carers. The practice proactively identified carers and provided them with written information. A nominated practice carer's champion was available at each of the two sites.
- There was a strong culture of team working and we observed that staff were caring and supportive of each other.
- The practice team knew their patients well due to the practice being long established with a low turnover of staff. This aided them in providing personalised care and ensured greater continuity for patients. We were provided with examples of individual patient stories which reflected the caring approach of the practice team.
- Patients experiencinging hardship were referred to local support services including access to foodbanks.

Are services responsive to people's needs?

Good

- Comment cards and patients we spoke with during the inspection provided predominantly positive experiences regarding obtaining an appointment with a GP.
- Patients could book some appointments and order repeat prescriptions on line.
- The practice implemented improvements and made changes to the way it delivered services as a consequence of feedback from patients. The practice displayed an action plan in the waiting area showing priority areas for attention based upon feedback from their last internal annual patient survey.
- The premises were tidy and clean and well equipped to treat patients and meet their needs. The practice accommodated the needs of patients with a disability, including access to the building through automatic doors.

Summary of findings

- The practice reviewed any complaints they received and dealt with these in a sensitive and timely manner. Information about how to make a complaint was available for patients. Learning from complaints was used to improve the quality of service.
- If patients at reception wished to talk confidentially, or became distressed, they could be moved into a free consulting room to ensure their privacy.
- Feedback received from community-based health care staff who worked with the practice was positive regarding their interactions with the practice team.

Are services well-led?

Requires improvement

- Evidence we gathered did not demonstrate that the governance systems in place enabled the provider to effectively assess and monitor the quality of the service. Clinical audit was not driving improvements at the practice and there was only one recent example of a completed audit cycle to enhance safe patient care and treatment. Documentation was not always available to demonstrate the practice followed their own processes for example in relation to recruitment, and other areas such as induction and appraisals required strengthening.
- There was no clear business plan or strategy incorporating issues such as succession planning arrangements.
- The practice held staff meetings on five occasions during the year. This reduced the opportunities to review issues collectively as a team.
- The provider was committed to the delivery of high quality care and promoting good outcomes for their patients.
- The practice had developed a range of policies and procedures to govern activity.
- The partners worked collaboratively with other GP practices in their locality, and with their CCG.
- The partners reviewed comparative data such as referral rates, and ensured actions were implemented to address any areas of outlying performance.
- Staff felt well supported and valued by the management team. Staff turnover rates were low with many staff having worked at the practice for a number of years.
- The practice proactively sought feedback from patients and staff, and acted upon this to improve service delivery. An annual practice survey was followed by an action plan to address feedback, and the outcomes were displayed within the waiting area.

Summary of findings

- The practice had a Patient Participation Group (PPG) which met every quarter. The PPG made suggestions to improve patient experiences, which the practice acted upon.

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 safe 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.

- Fortnightly multi-disciplinary meetings were held to review frail and vulnerable patients to plan and deliver care appropriate to their needs. This included a 'virtual ward' for patients who were at risk of being admitted to hospital, and those discharged following a recent hospital admission or attendance at the Accident and Emergency department.
- The practice employed their own care co-ordinator who regularly contacted patients who were experiencing difficulties in their home, and helped to organise effective packages of care to keep them safe and well.
- Longer appointment times could be arranged for patients with complex care needs. Home visits were provided for those unable to attend the surgery. Patients with memory problems were given a courtesy call to remind them of upcoming appointments.
- The premises were suitable for older people, including those with hearing difficulties and wheelchair users. All clinical rooms were situated on the ground floor.
- Uptake of the flu vaccination for patients aged over 65 was 81%, which was higher than local and national averages (72.5% and 70.5% respectively).

People with long term conditions

Requires improvement

We rated the practice as requires improvement for providing safe 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 undertook annual reviews for patients on their long-term conditions registers, including a review of their prescribed medicines.
- Patients were seen as part of the routine appointment system, rather than by dedicated clinics. This allowed flexibility for patients to attend at a time that was suitable for them.

Summary of findings

- Patients with multiple conditions were usually reviewed in one appointment to avoid them having to make several visits to the practice. However, patients were offered a choice if they wished to be seen separately for specific reviews of each health issue.
- The practice worked with the wider community team to provide co-ordinated care packages for patients with a long-term condition who were housebound.
- QOF achievements for clinical indicators were generally in line with local and national averages, but with higher rates for diabetes related indicators at 98.3%. This was 9.5% higher than local averages, and 8.4% above the national average.
- Patients with chronic obstructive airways disease were provided with rescue pack medicines which contained a supply of standby medicines to commence if the condition got worse before the patient was able to see a GP.
- Patients were offered access to community-based education sessions including programmes for patients with diabetes and for those with breathing-related problems.

Families, children and young people

Requires improvement

We rated the practice as requires improvement for providing safe 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 two GP partners shared the lead role for child safeguarding. The health visitor attended the practice's multi-disciplinary team meeting once a month to review and discuss any child safeguarding concerns, and effective communication took place in-between meetings. Child protection alerts were used on the clinical system to ensure clinicians were able to actively monitor any concerns related to any vulnerable children.
- Antenatal and postnatal care was shared between midwives, the GPs, and the hospital. A weekly midwife-led clinic took place on site.
- Childhood immunisation rates were in line with average figures. The overall rates for the vaccinations schedule given to children up to five years of age ranged from 70.3% to 100% (local averages 70.8% to 99.1%; national averages 73.3% to 95.1%)
- Same day appointments were provided for babies or children who were unwell, and appointments were available outside of school hours.
- The practice provided contraceptive advice, and were able to remove coil fittings on site. A full range of family planning services were available at local venues.

Summary of findings

- The practice had baby changing facilities, and welcomed mothers who wished to breastfeed on site. A private room was offered to facilitate this if requested.
- The practice had participated in a local scheme in which young people offered advice on the types of services that they might want to access. This resulted in a notice board geared towards younger people's health related needs being provided in the entrance foyer.

Working age people (including those recently retired and students)

Requires improvement 

We rated the practice as requires improvement for providing safe 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.

- Extended hours' GP surgeries were available one morning each week between 7-8am, and extended hours' appointments with the practice nurse were available on one evening each week between 6.30-7.30pm.
- Telephone consultations or advice was offered each day when this was appropriate, so that patients did not always have to attend the practice for a face-to-face consultation.
- The practice offered some on-line booking for appointments, and patients could request repeat prescriptions on-line. At the time of our inspection the practice were not participating in the electronic prescription scheme. However, approximately 75% of patients prescribed repeat medicines had their prescriptions collected by the nominated pharmacy, who also offered a home delivery service if required.
- Although routine appointments could be booked in advance, we observed that there was limited availability and patients predominantly had to book on the day.
- The practice provided health assessment checks and had over achieved its target number of NHS health checks during 2014-15. Evening clinics were occasionally provided to do these checks when there was sufficient demand.
- The practice actively promoted health-screening programmes to keep patients safe. The practice's uptake for the cervical screening programme was 86.8%, in line with the CCG average of 86.2% and above the national average of 81.8%. Breast cancer screening was promoted and rates were slightly higher than local and national averages.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

We rated the practice as requires improvement for providing safe 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 had undertaken an annual health review for 91% of their 11 patients with a learning disability in 2015-16.
- Longer consulting times were available for patients with a learning disability, including de-sensitisation appointments for anxious individuals to familiarise them with the environment and members of the practice team.
- Relevant patients with end-of-life care needs were reviewed at a fortnightly multi-disciplinary team meeting including district nursing staff.
- Staff had received adult safeguarding training and were aware how to report any concerns relating to vulnerable patients.
- The practice had low number of patients whose first language was not English. These patients were able to access interpreter services if required.
- Staff from drug and alcohol services would occasionally arrange to see individual patients on site. This meant that the service was easily accessible within a familiar environment.
- Accessible information was provided for patients who required additional support, for example those with hearing or visual impairments.

People experiencing poor mental health (including people with dementia)

Requires improvement

We rated the practice as requires improvement for providing safe 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 achieved 99.3% for mental health related indicators in QOF, which was 5.8% above the CCG and 6.5% above the national averages. Exception reporting rates were predominantly below local and national averages.
- 93.8% of patients with severe and enduring mental health problems had a comprehensive care plan documented in the preceding 12 months according to 2015-16 QOF data. This was above the CCG average of 88.1% and the national average of 88.8%.
- The practice had limited evidence of engagement with local community mental health teams.
- The practice told patients experiencing poor mental health and patients with dementia about how to access local services,

Summary of findings

support groups and voluntary organisations. Information was available for patients in the waiting area. The practice promoted local counselling and associated talking therapies' services.

- 91.3% of people diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, compared to a local average of 86.6% and the national averages of 83.8%. This was achieved with lower exception reporting rates.
- Reception and administrative staff were dementia friends following attendance at dementia awareness training.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016 and the results showed the practice was generally performing in line with local and national averages. There were 269 survey forms distributed to patients, and 118 of these were returned. This was a 44% completion rate of those invited to participate, and equated to 2.6% of the registered practice population.

- 99% of patients found the receptionists at this surgery helpful compared against a CCG average of 89% and a national average of 87%.
- 81% of patients said they would recommend this surgery to someone new to the area compared to a CCG average of 78% and the national average of 78%.
- 92% of respondents said the last nurse they saw or spoke to was good at listening to them compared to a CCG average of 92% and the national average of 91%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards and all of these contained positive feedback about the care provided by the practice team. Patients wrote that they were treated in a dignified and respectful manner; that staff were helpful and polite; and that they always felt listened to during their consultations. Four cards included reference to minor difficulties experienced which included the availability of pre-bookable appointments, access to the practice nurse, incomplete prescriptions, and a lack of privacy at the reception desk. However, all four patients also said that their overall experience of the practice had been positive.

We spoke with six patients during the inspection who all provided positive feedback regarding the caring and compassionate approach adopted by the practice team. Patients told us they were satisfied with the appointment system, and that they were given sufficient time in consultations to discuss their health needs. Patients were aware that they could book a longer appointment to discuss complex issues, and told us that access to urgent appointments including consultations for children were always available on the same day. Not all patients knew about the availability of a male GP, and some were unclear about the availability of pre-bookable appointments.

Emmett Carr Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Emmett Carr Surgery

Emmett Carr Surgery provides care to approximately 4,490 patients and is situated in the district of north-east Derbyshire between the villages of Eckington and Barlborough. The main site is situated in the village of Renishaw and there is also a branch surgery approximately two miles away within Eckington Health Centre, Gosber Road, Eckington, Sheffield. S41 4BZ. We visited the main site at Renishaw during our inspection.

The practice provides primary care medical services via a Personal Medical Services (PMS) contract commissioned by NHS England and NHS Hardwick Clinical Commissioning Group.

The registered patient population are predominantly of white British background. The practice age profile demonstrates slightly higher number of children and younger people and people aged 40-50 years old, whilst there are generally lower numbers of patients aged 65 and over in comparison to the local and national averages. The practice is ranked in the fourth least deprived decile and serves a mix of residential and semi-rural areas.

The main site operates from purpose built premises constructed in 1993, which is shared with the branch site of another local GP practice. All patient services within the practice are provided on the ground floor of the building, whilst the upper floor is utilised for administration.

The practice is run by a partnership of two full-time female GPs. The partners employ a practice nurse, a health care assistant, a phlebotomist and a care co-ordinator. The clinical team is supported by a practice manager with a team of nine administrative and reception staff, with some of these staff undertaking dual roles due to the nature of being a small practice.

A self-employed advanced nurse practitioner works for two days on most weeks. The practice also accommodates a regular male locum GP session on Mondays.

The practice accommodates medical student placements from Sheffield University.

The main site opens from 8am – 6.30pm Monday to Friday. GP consultations commence each morning at Emmett Carr Surgery from 9am until 11am and afternoon GP appointments are available from 3pm (from 2.40pm on Mondays) until 5.20pm.

Extended hours consultations are available to see the nurse on a Wednesday evening from 6.30pm until 7.30pm, and early morning GP surgeries are available from 7-8am each Wednesday.

The practice closes on ten afternoons throughout the year at 1.30pm for staff training.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Derbyshire Healthcare United (DHU) via the 111 service.

Detailed findings

Why we carried out this inspection

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

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

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

How we carried out this inspection

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including NHS England and NHS Hardwick CCG to share what they knew.

We carried out an announced inspection on 8 November 2016 and during our inspection:

- We spoke with staff including the two GP partners, the practice nurse, the practice manager and a number of reception and administrative staff. In addition, we spoke with a midwife, a health visitor, and a member of the CCG's medicines management team regarding their experience of working with the practice team. We also spoke with six patients who used the service, and two representatives from the patient participation group.
- We observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.
- We reviewed 35 comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a procedure in place for reporting and recording significant events

- Seven significant events had been reported over the course of the last 12 months.
- Staff were encouraged to report incidents within a supportive 'no blame' culture.
- The practice had recently started to use a new significant event reporting form, and this was readily available to all staff on the computer. The practice manager usually assisted the reception and administrative team to complete the supporting information on the form.
- Completed forms were sent to the practice manager to assess the potential severity of the incident, and determine whether any urgent or remedial action was indicated to protect patients or staff.
- Completed incident forms were reviewed via discussion between the practice manager with the two GP partners, although this was often done on an individual basis. Learning was usually shared via the notification system on the computer, and some events with wider learning would be discussed at staff meetings although these were not scheduled regularly. The practice recognised this as a difficulty due to the split-site working but were planning to introduce more structured regular meetings in the future.
- We saw evidence that follow-up actions had been agreed, although documented evidence was not always clear and the forms did not always contain details that agreed actions had been completed.
- Patients received an apology and appropriate support when there had been an unintended or unexpected incident. The practice recognised their duty of candour and informed us they would either meet with the individual concerned or write to them, depending on the particular circumstances involved.
- We saw evidence of learning that had been applied following significant event. For example, there had been an incident in which a patient had been unhappy with the clinician they had been booked in to see for a consultation. This was due to being booked in to see a different clinician from their previous consultations regarding an ongoing health problem. The learning applied was for reception staff to ask patients if their appointment was for a new or ongoing issue, so that the patient could be booked in to see the clinician who was aware of their individual needs to ensure continuity of care.

The practice had a process to review all safety alerts received including those from the Medicines Health and Regulatory Authority (MHRA). MHRA alerts were printed out at each site for reference, and cascaded by e-mail to all clinicians. When concerns were raised about specific medicines, patient searches were undertaken by the CCG's medicines management team to identify which patients may be affected, and effective action was then taken to ensure patients were safe. For example, by reviewing their prescribed medicines. Outcomes were shared with GPs who would then sign this off as completed. There was limited evidence to indicate that the practice had full ownership of this process.

Overview of safety systems and processes

The practice had systems and procedures in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local guidance. Practice safeguarding policies were accessible and up-to-date, and codes and alerts were used on the patient record to identify vulnerable children and adults. The two GP partners shared lead responsibility for safeguarding both children and adults, and both had received training at the appropriate level in support of their lead role.
- The health visitor attended the practice's multi-disciplinary meeting on a monthly basis to discuss any child safeguarding concerns. Any relevant new information would be updated within the patient record. A health visitor told us that the practice shared information and concerns appropriately, and was responsive to any concerns or issues raised by their team.
- Practice staff demonstrated they understood their responsibilities for safeguarding and all had received training relevant to their role.
- Vulnerable adults were monitored by the practice team and were reviewed as part of the multi-disciplinary meeting. Both partners shared responsibility for adult safeguarding, although we were informed that there were no current cases open within the practice.

Requires improvement

Are services safe?

- A notice in the reception and the consulting rooms advised patients that a chaperone was available for examinations upon request. The practice nurse would usually act as a chaperone if this was requested by the patient. If the nurse was unavailable, reception staff had received training and were able to act as a chaperone and they had all received an appropriate disclosure and barring (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). A practice chaperone policy was available.
- We observed that the practice was maintained to good standards of cleanliness and hygiene. The practice nurse was the appointed infection control lead, and the nurse had recently completed two days of shadowing the infection control nurse at the local hospital to update their knowledge. Infection control policies were in place, including needlestick injuries and the management of spillages. The practice manager had completed an infection control audit in February 2016. This was a comprehensive audit which had resulted in an action plan to address a number of issues that were identified. A further audit was undertaken in October 2016 to review progress and this demonstrated that the actions had been successfully completed. Practice staff received some information on infection control as part of new staff inductions, and on-line training was available. The practice manager had delivered training on effective hand-washing techniques to the practice team in 2016.
- The practice directly employed a cleaner to provide their cleaning each day. When the cleaner was on leave, the practice manager and senior receptionist would cover the practice's cleaning duties. A list of daily, weekly and monthly cleaning tasks were available, although these were not supported by a schedule to define the tasks in detail. There was regular liaison in place between the practice manager and cleaner to ensure any problems were dealt with promptly and effectively.
- We reviewed three staff files to review if the necessary recruitment checks had been undertaken prior to commencing work with the practice, for example, proof of identification, qualifications, registration with the relevant professional body and the appropriate checks through the DBS. However, staff turnover was extremely low at the practice and the most recent appointments had been made over two years ago. The practice had only appointed two members of non-clinical staff since registering with the care Quality Commission and we saw that the files of these staff did not contain all the necessary supporting recruitment documentation. We noted that all staff had received DBS checks at the appropriate level.
- We saw some evidence that clinical staff had received vaccinations to protect them against hepatitis B. However, two staff were in the process of having their vaccinations and not all clinicians, including the GP partners, had documented evidence of their immunity recorded in their files although we were assured this had been completed. We were informed that the tests for the GPs would be repeated to provide documented evidence.

Medicines management

- The arrangements for managing medicines in the practice, including emergency medicines and vaccinations were safe.
- Blank prescription forms and pads were securely stored, although the system to monitor the distribution of prescriptions within the practice required strengthening. The practice took immediate action to rectify this at the inspection.
- The surgery had been a dispensing practice up until 2012. This had left a legacy of systems to manage safe and effective prescribing, with good processes to manage in-house stock control. Regular medicines stock checks including expiry dates were undertaken.
- We saw that the practice managed their prescribing budget well and requests for the issue of any repeat prescriptions were closely monitored to ensure that only the medicines that patients required at the time were issued. This ensured safe and effective monitoring of patient compliance with their prescribed medicines, and reduced the potential for the stockpiling of medicines in patients' homes. Most medicines reviews (90%) were conducted face-to-face, whilst some telephone reviews were done for patients with only one or two items on repeat.
- Effective systems were in place to monitor patients prescribed high-risk medicines.

Requires improvement

Are services safe?

- Signed and up-to-date Patient Group Directions were in place to allow nurses to administer medicines in line with legislation, and healthcare assistants administered medicines against a patient specific prescription or direction from a prescriber.

Monitoring risks to patients and staff

- A practice health and safety policy was available and the practice fulfilled their legal duty to display the Health and Safety Executive's approved law poster in a prominent position.
- There were some generic risk assessments available although the process was not always being used proactively to manage any new or emerging risk areas such as those identified through the incident reporting procedure. For example, there was no lone worker risk assessment in place for the evening clinics.
- Documentation was available to support the control of substances hazardous to health.
- A fire risk assessment was completed in 2014. This had resulted in an action plan and we saw evidence that the practice had responded to all the issues that had been identified. Fire alarms, emergency lighting, and extinguishers were tested and serviced regularly to ensure they were in full working order. Staff had received annual fire training, most recently in May 2016, and the practice undertook trial evacuations to ensure staff were aware of the procedure to follow in the event of a fire.
- All electrical equipment was regularly inspected to ensure it was safe to use, and medical equipment was calibrated and checked to ensure it was working effectively. We saw certification that this had been completed by external contractors in the last 12 months.
- The practice had a documented risk assessment for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that infrequently used water sources were run regularly as a control measure, and this was supported by documentation.
- There were arrangements in place for planning and monitoring the number and mix of staff needed to meet patients' needs. Staff rotas were planned six weeks ahead, and GP partners usually tried to consider their leave requirements a year ahead.
- The practice had a system to manage incoming correspondence to ensure that any actions, such as a change to a patient's medicines, were completed promptly. We saw that correspondence was up to date on the day of our inspection.

Arrangements to deal with emergencies and major incidents

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

- All staff had received basic life support training. This was undertaken annually by clinicians, and non-clinical staff received training every three years, most recently in February 2015.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and were in date.
- An emergency alert system was available on computers to inform other staff to assist rapidly with any emergency situation, such as if a patient was to collapse. This was backed up by the availability of panic buttons within the clinical rooms.
- The practice had a business continuity plan for major incidents such as power failure or building damage, which had been most recently reviewed and updated in April 2016. Copies of the plan were available off site in case an incident were to make the site inaccessible.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

GPs and nurses informed us that they kept updated by reading updates within their professional journals. Clinical staff usually attended CCG-led training events approximately five times during the year, and attended CCG meetings to keep updated with new and updated clinical information.

There were no specific clinical meetings, and discussions of a clinical nature tended to be carried out on an ad hoc basis. As clinicians worked across two sites and there was clinical input from regular GP locums and a self-employed advanced nurse practitioner, systems required some strengthening to review, co-ordinate and evidence that the delivery of care was in line with current evidence based guidance and standards (including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidance).

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015-16) were 97.9% of the total number of points available, which was 3% above the CCG average, and 2.5% higher than the national average. Exception reporting rates at 8.5% were in line with the local average of 9.1% and the national average of 9.8%. Exception reporting is the removal of patients from QOF calculations where, for example, a patient repeatedly fails to attend for a review appointment. A low figure for exception reporting usually demonstrates a proactive approach from the practice to engage patients in attending for regular reviews of their condition.

QOF data from 2015-16 showed:

- Performance for diabetes related indicators was 98.3%, which was higher than both the CCG average of 88.8% and the national average of 89.9%.
- The practice achieved 100% for clinical indicators related to chronic obstructive airways disease. This compared to a local average of 94% and a national average of 95.9%.
- QOF achievement for 2015-16 for asthma was 100% which was slightly higher than local and national averages (97.1% and 97.4% respectively).
- Dementia related indicators achieved 100%. This was 2.3% above the CCG average and 3.4% higher than the national average.
- Exception reporting rates for all of these conditions were noted to be in line with local and national averages.

There was evidence of quality improvement including a programme of clinical audit.

- We saw that seven clinical audits had been undertaken in the last two years, one of which had been completed by a medical student on placement at the practice. Two of the audits were full-cycle audits including one on patients who had experienced a stroke, which reviewed their management prior to the onset of the condition. This highlighted some areas in which the practice could take more proactive management in the risk factors associated with a stroke. The re-audit showed that improvements were made in the management of at-risk patients.
- The practice participated in local benchmarking activities. For example, they participated in engagement meetings with the CCG to review comparative data including referral and prescribing rates.
- The practice had a history of effective referral management with rates mostly below local averages. Clinicians had access to the Map of Medicine on their computers. This allowedinstant access to local care pathways information, centrally controlled referral forms and clinical information during a consultation. The advanced nurse practitioner's referrals were always reviewed by a GP.
- The practice worked with a designated key worker from the CCG's medicines management team who visited the practice every month. The practice participated in an annual prescribing review with the CCG.
- The practice made use of a software programme which provided evidence-based safe and cost effective recommendations when prescribing medicine for the first time, or when doing a medicines review.

Good

Are services effective?

(for example, treatment is effective)

- The CCG highlighted good practice in relation to cost effective prescribing and referral management and planned to roll out some of the practice's work across other surgeries within the CCG.

Effective staffing

- The practice provided an induction programme for all newly appointed staff. We reviewed examples of induction checklists but the process required strengthening to provide evidence that all necessary topics had been covered with sign off from the employer and employee. Staff told us they were well supported when they commenced their roles with shadowing opportunities and had easy access to support from their colleagues.
- Staff told us that they received an annual appraisal and we saw documentation that evidenced this. The appraisal included a review of the previous year's performance, and discussion about development within the role. However, the documentation did not provide clear reference to objectives and the identification of learning for the forthcoming year. We spoke to members of the team who told us that learning opportunities had been discussed during their appraisal and had been supported by the practice.
- Staff received regular training that included safeguarding, fire safety awareness, and basic life support. Staff had access to and made use of e-learning training modules and in-house training, and some staff participated in CCG led protected learning time events.
- The practice ensured role-specific training with updates was undertaken for relevant staff, for example, administering vaccinations and taking samples for the cervical screening programme.

Coordinating patient care and information sharing.

- The information needed to plan and deliver care and treatment was available to clinicians in a timely and accessible way through the practice's electronic patient record system. This included care plans, medical records, and investigation and test results.
- Fortnightly multi-disciplinary meetings were held at the practice to assess the range and complexity of patients' needs, and to plan ongoing care and treatment for vulnerable patients including those at high risk of hospital admission and patients with end of life needs. This meeting included members of the practice team who met with representatives from community-based services usually including district nursing team staff, social services, and specialist team members as required, such as a Macmillan nurse. Minutes were produced from the meeting and individual patient notes were updated with any important information arising from the discussions.
- We spoke with community-based health staff who told us that the practice team communicated with them effectively, and that GPs were approachable and accessible. They told us that the practice worked in collaboration with them and responded promptly to address patients' needs.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance. The practice used a 'consent to share information' form for patients who wished to involve carers or relatives in their health care.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs). The practice only provided care to one resident within a care home setting. The practice supported patients to undertake advance care planning where this was appropriate, for example when patients had developed dementia.
- When providing care and treatment for children and young people, staff followed national guidelines to assist clinicians in deciding whether or not to give sexual health advice to young people without parental consent.

Supporting patients to live healthier lives

- The nurse and health care assistant offered health promotion advice to patients including advice on smoking cessation and weight management. Patients were referred to community programmes for ongoing support, including the Live Life Better Derbyshire scheme.
- The practice provided new patient health checks, and NHS health checks for patients aged 40-74. In the previous year, the practice had overachieved on its

Good

Are services effective?

(for example, treatment is effective)

target for NHS health checks by delivering 127% against their target figure. These were available as part of an evening surgery to help increase uptake for working people.

- The practice had undertaken an annual health review for 10 (91%) of their 11 patients with a learning disability in 2015-16. The practice used accessible information including an easy read appointment card and practice information booklet to help patients to understand why they needed to attend. We saw an external evaluation report of this enhanced service which commended the practice for the service they delivered to patients with a learning disability.
- The practice's uptake for the cervical screening programme was 89.8%, which was above the CCG average of 82.4% and the national average of 81.8% with exception reporting rates in line with local averages, and lower than national percentages.
- National screening programme data showed the uptake for bowel cancer screening for 60-69 years old in the last 30 months was 57.3% compared against local (59.5%) and national averages (57.9%). Breast cancer screening for females aged 50-70 in the last 36 months demonstrated slightly higher uptake than averages at 78.5% (local 73.7%, national 72.2%).
- The practice were in the process of identifying a lead to work with Cancer Research in an attempt to proactively increase uptake of all national cancer screening programmes.
- Childhood immunisation rates for the vaccinations given to children aged up to five years of age were in line with local and national averages. The overall childhood immunisation rates for the vaccinations given to under two year olds ranged from 68.2% to 100% (local average 70.8% to 98.8%; national average 73.3% to 95.1%) and five year olds from 80% to 100% (local average 73.8% to 99.1%; national average 81.4% to 95.1%).
- Uptake of the flu vaccination for patients aged over 65 was 81%, which was higher than local (72.5%) and national (70.5%) averages. Flu vaccination rates for 'at risk' patients under 65 at 53.4% was above the CCG average 45.9%

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments.

Throughout our inspection, we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. A caring and patient-centred approach was demonstrated by all staff we spoke with during the inspection.

Feedback received via comment cards, and from patients we spoke with on the day, told us that patients consistently felt that they were treated with compassion, dignity and respect by clinicians and the reception team. Results from the national GP patient survey in July 2016 showed the practice was in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% of patients said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 83% of patients said the last GP they saw gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 91% 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%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 92%, and the national average of 91%.

We were provided with examples of individual patient stories which reflected the caring approach of the practice team. For example, when a family was experiencing difficult times, the practice team contributed toiletries and groceries as a stop gap until an appropriate ongoing support package was in place.

The practice referred families experiencing hardship to local and parish services which included a foodbank. Patients were able to access information on benefits through a weekly Citizens Advice Bureau session held at the practice.

Care planning and involvement in decisions about care and treatment

Patients told us that they were involved in decision making about the care and treatment they received, and feedback on the patient comment cards we received aligned with these views.

Results from the national GP patient survey showed results were slightly lower than local averages and national averages, in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81%, and the national average of 82%.

Patient and carer support to cope emotionally with care and treatment

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, and patients who were carers.

The practice had coded 1.3% of the practice list as carers. There was a designated 'Carers' Champion' at each site. New carers were recorded upon registration and were provided with a carers' information pack. The practice encouraged carers to receive vaccination against the flu virus. There was a display area within the reception for carers, and this provided signposting details to a range of local support organisations and group, as well as general information.

The practice worked with the wider multi-disciplinary team to deliver quality end of life care for patients. Advanced care planning was undertaken to ensure that patient's preferred wishes were taken into account, and personalised care could be put in place to support the patient and their families. Patients at the end of life with

Good

Are services caring?

specific needs were reviewed at regular multi-disciplinary team meetings. The practice undertook an after-death analysis on five patients each year to identify any learning points for the future.

Following a patient death, the practice would send a card to relatives or carers to offer condolences. Clinicians would sometimes call or visit relatives or carers depending on the individual circumstances. Information was available to signpost relatives or carers to appropriate services such as counselling where indicated.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG), to secure improvements to services where these were identified. For example, the practice had initiated the incorporation of the community matron role into the district nursing team. There was recognition of overlap in these roles and the practice proposed the release of one day's CCG funding allocated to the practice for a community matron to increase the establishment of the district nurses. In return, the district nurses undertook the matron role and provided dedicated care to the practice's vulnerable 'virtual ward' patients to reduce hospital admissions.
- The practice provided a range of services that ensured these were easily accessible for their patients. This included phlebotomy (taking blood); 24 hour (ambulatory) blood pressure monitoring; spirometry (a test to assess lung function); monitoring of patients prescribed medicines to thin their blood; ECGs to test the heart's rhythm; travel vaccinations; and joint injections.
- The practice offered access to minor surgical procedures. The practice contracted a local GP to deliver this service on a locum basis within a nearby GP practice. Eight minor surgical procedures had been undertaken for practice patients within the last 12 months.
- The practice hosted a number of services on site including a weekly ante-natal clinic run by the midwife, and a weekly advisory service provided by the Citizens Advice Bureau. The branch site at Eckington was co-located with a number of community health provider services including physiotherapy and podiatry. This meant that patients could access a range of services locally. A baby clinic run by the health visitor was due to restart at the practice in January 2017.
- All of the practice's consulting rooms were accessible on the ground floor. The site was easily accessible for patients with reduced mobility, with good access from the car park via automatic entrance doors, and a disabled toilet was provided. A portable hearing loop system was available for patients with hearing difficulties within the reception area of the surgery which shared the premises. Information could be provided in different formats to meet individual needs, including patients with a visual impairment. The reception desk had a lowered section to speak easily with patients in a wheelchair.
- The waiting area contained a wide range of information on local services and support groups. This included information for carers, and local services available for patients with mental health issues. Health promotion material was displayed within the waiting area.
- A TV screen in the waiting area displayed health information. This had the facility to call patients for their appointments although clinicians mostly collected patients directly to offer a more personal service.
- Although the reception area was quite small, we observed that staff managed confidentiality well when dealing with enquiries at reception. Music was played to create some background noise. If patients became distressed, or wished to discuss a sensitive issue, they could be moved into a free consulting room located close to the main reception desk.
- A notice besides the reception desk informed patients that appointments could be made to see a male GP if this was a patient's preference.
- Patients were able to order repeat prescriptions on line, but the practice was not part of the electronic prescription scheme at the time of our inspection.
- The practice offered some on-line booking for appointments, and patients could request repeat prescriptions on-line. At the time of our inspection the practice were not participating in the electronic prescription scheme, although 75% of patients prescribed repeat medicines had their prescriptions collected by the nominated pharmacy, who also offered a home delivery service if required.
- When the practice dispensary closed, patients requested a 24 hour turnaround on repeat prescriptions. The practice exceeded this expectation and 90% of prescriptions were signed and ready for collection within six hours. Emergency prescriptions were issued sooner if the patient was without their prescribed medicines.
- The practice had a wheelchair which it loaned to patients on a short-term basis.
- The practice produced a quarterly patient newsletter. The most recent edition included updates on the latest practice survey, and the new information screen in the waiting room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Translation services were available for patients whose first language was not English. Information was displayed to promote this within the waiting area.
- A staff photograph board provided patients with information on staff names and roles.

Access to the service

The practice's main site opened daily from 8am – 6.30pm. The practice closed for one afternoon per month at 1.30pm on ten occasions throughout the year for staff training.

GP consultations times were available in the morning from 9am – 11am, and afternoon GP appointments were provided between 3pm (from 2.40pm on Mondays) and 5.20pm.

The practice operated extended hours' opening on a Wednesday from 7am until 7.30pm. Extended hours pre-bookable appointments were available with both GPs from 7.10-8am on a Wednesday morning. Additional practice nurse appointments which were pre-bookable, were available during an extended hours' surgery between 6.30-7.20pm each Wednesday evening.

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

- 86% of patients found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 89% of patients described their experience of making an appointment as good compared to a CCG average of 75% and a national average of 73%.
- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 89% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 65% and a national average of 65%.

However, access to a preferred GP was below local and national averages.

- 44% of patients usually got to see or speak to their preferred GP, which was below both the CCG average of 57% and the national average of 59%. We were told that if a patient requested to see a specific GP and no on the day appointments were available, they were asked to ring back again the next day. Practice staff said that they tried to offer continuity of care and asked the patient if their appointment was for a new or ongoing problem. New presentations would be allocated to a GP or the advanced nurse practitioner, whilst ongoing issues were booked with the same GP whenever possible.

We were informed that patients could book up to six months in advance to see a GP in extended hours' surgeries, and online bookings could be made 28 days in advance. GPs authorised pre-bookable appointment follow-ups, and patients could not pre-book these directly. All practice nurse appointments could be booked in advance.

The majority of GP and advanced nurse practitioner appointments were bookable on the day. Telephone consultations were offered to patients.

GP clinics were extended when capacity had been reached by 9am to accommodate patients who required an urgent on-the-day consultation. Urgent advice calls were provided throughout the day.

Home visits were available for older patients and others with appropriate clinical needs which resulted in difficulty attending the practice.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person that co-ordinated the complaints process. Clinicians always reviewed any complaints of a clinical nature. The practice sent two response letters regarding the outcome of clinical complaint investigations, one from the practice manager and one from the clinician.
- We saw that information was available to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency.The practice offered to meet with complainants to discuss their concerns whenever this was deemed appropriate. The

Good

Are services responsive to people's needs?

(for example, to feedback?)

practice undertook an annual review of complaints to identify any trends and consider the learning points and changes to practice. Lessons were learnt and shared with the team following a complaint, and action was taken to as a result to improve the quality of care. For example, a complaint was made regarding the proposed withdrawal of home visits to review a patient's long-term condition. This led to the team deciding that if a similar change was proposed in the future, all patients should be initially discussed at a team meeting to ensure that the individual's needs would be addressed by any amendments to their existing management plan.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

- The partnership had developed a vision statement to provide high quality care and best practice. This was supported by an outline of how this would be achieved and this included reference to each patient being treated as an individual; listening and understanding patients' needs; and ensuring ongoing staff development to deliver care in accordance with local and national guidelines.
- The service had defined aims and objectives to support their registration with the Care Quality Commission.
- The practice manager met informally with the partners each week to discuss any key business issues. The practice manager maintained a notebook to record issues for discussion. There were no formalised business meetings or a written business plan/strategy in place, as the practice felt this was not required as a small practice. If issues arose that required funding, these were added onto a list of work that would be actioned if finances should become available. There was no evidence to support clear succession planning arrangements.

Governance arrangements

- There was a team structure in place, and staff were aware of their own roles and responsibilities.
- A range of practice specific policies had been implemented which were available to all staff.
- An understanding of the performance of the practice was maintained which included the analysis and benchmarking of QOF performance, and referral and prescribing data. Actions were undertaken when any variances were identified.

However, there were some areas where the practice governance arrangements required strengthening. These included sharing and documenting the learning from significant events more effectively; strengthening documentation to support staff inductions, appraisals and safe recruitment processes; business planning arrangements; the system for undertaking completed clinical audits to drive improvements in patient care; and the provision of regular documented clinical staff meetings.

Some systems were in place for identifying, recording and managing risk, and implementing mitigating actions. However, the practice needed to ensure all risk areas were assessed with completed and up to date risk assessments.

Leadership and culture

- There was a flat managerial structure and the practice worked in a traditional manner.
- The practice engaged with their CCG and worked with them to enhance patient care and experience. A GP sat on the CCG's Commissioning Delivery Group which met bi-monthly and ensured that relevant clinical and strategic issues were discussed across all local practices. The senior partner and practice manager attended locality meetings, and were keen to progress collaborative working arrangements in the future. The practice manager also attended the local practice managers' meetings.
- Staff told us there was an open culture within the practice and said the GPs and practice manager were visible within the practice and were approachable, and always took the time to listen to all members of staff. Staff said they felt respected, valued and supported by the GPs and the practice manager.
- Staff told us the practice held staff meetings on five times each year during which they had the opportunity to raise any issues. Staff told us that they felt confident and supported in doing so. The team used the meeting as an opportunity to discuss learning from incidents and complaints. Minutes from this meeting were documented. The practice were aware that the frequency of this meeting needed to be increased but this was difficult due to attendance at CCG-led training events, working across two sites, and the part-time status of employees. Weekend and evening meetings had been trialled in the past although these had not been particularly effective. A new approach was being considered for the forthcoming year.
- There were no formal clinical staff meetings in place, and staff told us that clinical discussions were more informal and ad hoc. The practice nurse was able to liaise with the advanced nurse practitioner on the days they were working at the same site. There was an active local practice nurse network which provided email updates on training, and provided information and new guidance including updates to child immunisation programmes.

Are services well-led?

Requires improvement

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

- The practice team had very low staff turnover, and many individuals had worked at the surgery for many years. There was a strong culture of staff working together and caring for each other, with mutual respect and support. The practice had experienced reduced income when their dispensing status was lost a few years previously. The team collectively agreed for each individual to reduce their hours slightly in order to protect everyone's job because of the reduced financial income. Staff we spoke with told us that the practice was a good place to work, and that the team supported each other to complete tasks. The practice team met outside of work occasionally for social events.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through patient surveys; via complaints received; a suggestion box; responses from the NHS Choices website; and responses received as part of the Families and Friends Test.
- The practice undertook an annual in-house patient survey. The practice had developed an action plan in response to the patient feedback received, and we observed that this had been completed, or was on hold pending, for example, access to funding. The outcomes of the survey were displayed in the waiting room area, so that patients were informed on how the practice had responded to comments to enhance patient experience in the future. The last survey demonstrated that over 80% of patients who responded were very satisfied with the service they received.
- The practice had a patient participation group (PPG) with a core membership of nine members, including a virtual member and two staff who were also patients. The practice manager would attend the PPG meetings which usually took place on a quarterly basis, and a GP or other practice representatives would also attend some meetings. We spoke with two members of the PPG who described a positive relationship with the practice, and expressed that they were very satisfied in how the practice was run. They told us that the practice listened to their views and gave us an example of how the practice had amended their appointment system in response to the PPG's feedback. The practice had a dedicated PPG noticeboard within the reception area, and displayed minutes of the PPG meetings on their website. The PPG agreed the format for the practice's annual patient survey.
- The practice had worked with their local community. For example, a young person's noticeboard had been provided following feedback from local teenagers in 2014. Practice representatives had attended a local focus group regarding local housing developments.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • Strengthen the systems to enable the provider to have effective oversight of the quality of the service being provided and to mitigate identifiable risk. For example by ensuring internal meetings allow for discussion and learning from events and complaints; ensuring the practice policies are followed for example in relation to recruitment; minimising delays in identifying risks to patients by more proactive approach to the management of MHRA alerts; and considering succession planning as part of the practice strategy.