

Kingfisher Practice

Quality Report

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Date of inspection visit: 19 September 2017

Date of publication: 13/10/2017

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingfisher Practice on 19 September 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the most recent national GP patient survey, published in July 2017, showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- We witnessed a strong focus on improvement at all levels within the practice driven by supportive leadership and cohesive working.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw one area of outstanding practice:

- The practice had recognised that some patients were frequently visiting A &E and/or requesting home visits. These patients were identified as being socially isolated and vulnerable, often contacting health services as a means of accessing human contact rather than due to ill health. The practice classified these patients as 'TLC and Welfare patients' and appointed a dedicated Welfare Champion and deputy. The Welfare

Summary of findings

Champion made weekly calls to these patients to check on their general wellbeing and ensure they were receiving appropriate support. These patients also had a bypass telephone number to contact the practice if needed. At the time of our inspection there were 52 TLC patients and eight welfare patients receiving this support. [FJ1][GR2]

The areas where the provider should make improvement are:

- Continue with efforts to identify and support more carers in their patient population.
- Continue with efforts to monitor and improve performance to ensure improvements are sustained; in particular with regard to the management of patients with long term conditions and those with learning disabilities.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received support, an explanation of events and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, training certificates for one member of the clinical team were not readily available.
- The practice maintained effective working relationships with other safeguarding partners such as health visitors.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There were appropriate systems in place to protect patients from the risks associated with medication and infection control. A Legionella risk assessment had been undertaken the day before our inspection and the practice were awaiting the report.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for the year 2015/2016 showed patient outcomes were largely below Clinical Commissioning Group (CCG) and national averages. The practice were able to provide data from 2016/2017 to demonstrate significant improvements in performance (this data was unverified).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the most recent national GP patient survey published in July 2017 showed patients rated the practice in line with local and national averages for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified less than 1% of patients as carers and was continuing with efforts to ensure all carers within their population were identified and supported. We saw that a member of staff had trained as a Carers' Champion. Carers were offered health checks, longer appointments and influenza vaccines.
- The practice had recently begun facilitating a 'Carers' café' to enable carers to access support and engage with other carers in the locality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Milton Keynes Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice had recognised that some patients were frequently visiting A & E and/or requesting home visits. These patients were identified as being socially isolated and vulnerable, often contacting health services as a means of

Good



Summary of findings

accessing human contact rather than due to ill health. The practice classified these patients as 'TLC and Welfare patients' and appointed a dedicated Welfare Champion and deputy. The Welfare Champion made weekly calls to these patients to check on their general wellbeing and ensure they were receiving appropriate support. These patients also had a bypass telephone number to contact the practice if needed. At the time of our inspection there were 52 TLC patients and eight welfare patients receiving this support.

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting). This service was well received by patients as it reduced the need for them to travel to secondary care for the service.
- A phlebotomy service was available Monday to Friday, reducing the need for patients to attend secondary care for blood tests to be undertaken.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was shared with staff who knew and understood the values. The statement highlighted the practice commitment to being a caring and innovative practice.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice was aware of the requirements of the duty of candour. In seven examples of significant events we reviewed we saw evidence the practice complied with these requirements.
- The leadership team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- The leadership, governance and supportive culture of the practice was used to drive and improve the delivery of good quality person-centred care.
- We saw that the practice demonstrated resilience and was proactive in overcoming challenges. Many of the practice team had seen the practice through a prolonged period of uncertainty, highlighting their commitment to the practice population.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a weekly ward round at a residential care home. In addition the practice nurse facilitated a monthly outreach clinic providing treatment room services such as dressings, vaccinations, phlebotomy and ear irrigation.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- The practice provided influenza, pneumonia and shingles vaccinations.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators in the 2015/2016 data were below the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading showed good control in the preceding 12 months, was 49%, where the CCG average was 79% and the national average was 78%. Data presented by the practice for 2016/2017 for the same indicator showed practice performance to have improved to 90%.
- The practice was able to initiate insulin treatment for patients with diabetes.

Good



Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Longer appointments and home visits were available when needed.
- A recall system was utilised to manage these patients.
- Patients with long term conditions benefitted from continuity of care with their GP or nurse. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting).

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- A range of contraceptive and family planning services were available. This included coil insertion and contraceptive implants (patients referred to the sister practice).

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours until 8pm Monday to Friday and Saturday morning appointments.
- The practice provided telephone consultations daily.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice encouraged the use of the on line services to make it easier to book appointments and order repeat prescriptions.
- The practice encouraged screening for working age people such as bowel screening and cervical screening. For example, 82% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 76% and the national average was 73%.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Patients at risk of dementia were identified and offered an assessment. There was a lead GP for dementia and a member of staff had been appointed as the dementia champion.
- There were 45 patients on the dementia register, all of whom had been invited and 34 had been reviewed between April 2016 and March 2017 (73%).
- The practice had recognised the need to improve services for patients with mental health concerns and we saw evidence of efforts made to do so. In particular the advanced nurse practitioner had engaged with locality leads for mental health to ensure that the practice was considered for future developments to the service and received adequate support when needed.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended A & E where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published on 7 July 2017. The results showed the practice was performing consistently above local and national averages. 299 survey forms were distributed and 109 were returned. This represented 2% of the practice's patient list (a response rate of 36%).

- 74% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 60% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 71% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 12 comment cards which were all positive about the standard of care received. Patients commented on the clean environment, polite and caring staff and the good standard of care they felt they received from the doctors and nurses.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from July 2016 to June 2017 showed that 85% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice (55 responses received).

Kingfisher Practice

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 practice manager specialist advisor.

Background to Kingfisher Practice

Kingfisher Practice provides a range of primary medical services, including minor surgical procedures from its location at Elthorne Way, Newport Pagnell in Milton Keynes. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided). The practice plan to provide minor surgical procedures when their registration for surgical procedures with the CQC is complete. In the interim patients requiring any minor surgical procedures are seen at the practice's sister surgery at Broughton Gate in Milton Keynes.

The practice serves a population of approximately 4,600 patients with slightly higher than average populations of males and females aged 45 to 64 years and males aged 15 to 29 years. There are below average populations of males and females aged 0 to 9 year, 30 to 44 years and 65 to 84 years. The practice population is largely White British. National data indicates the area served is one of low deprivation in comparison to England as a whole.

Services are provided under an Alternative Provider Medical Services (APMS) contract, a locally agreed contract with NHS England and GP Practices. The provider is The Practice Group (Phoenix Primary Care), who also deliver services in a number of other locations in England.

The clinical team consists of two male GPs, an advanced nurse practitioner, a practice nurse a health care assistant (HCAs) and a phlebotomist. The team is supported by a practice manager and a team of administrative staff. The practice has recently recruited a female GP to work at the practice and is using locum GPs until her employment commences.

The practice operates from a two storey purpose built property. Patient consultations and treatments take place on the ground level and first floor. There is a car park outside the surgery, with disabled parking available.

The practice has been through a significant period of change in the two years preceding our inspection following the loss of the lead GP. During this period the practice was under the leadership of three different organisations and saw considerable staff shortages and changes; which we were told, impacted significantly on the performance and quality of care provided. At the time of our inspection the current provider had been in situ since May 2016 and has made particular efforts since September 2016 to stabilise the practice and improve the care provided to patients.

Kingfisher Practice is open between 8am and 8pm Monday to Friday In addition to these times, the practice operates extended hours on Saturdays from 8.30am to 12.30pm.

The out of hours service is provided by Milton Keynes Urgent Care Services and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

Why we carried out this inspection

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

Detailed findings

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 inspecting, 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 inspection on 19 September 2017. During our inspection we:

- Spoke with a range of staff including two GPs, the advanced nurse practitioner, practice nurse, representatives from The Practice Group and members of the administrative team.
- Spoke with patients who used the service and a representative of the patient participation group (PPG).
- Observed how staff interacted with patients.
- 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.

- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was an electronic recording form available on the practice's computer system. The form fed into a centralised system for reporting incidents, managed by the head office. Appropriate members of staff were then involved depending on the level of severity. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of seven documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received support, an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that when a concern was raised regarding the management of a patient's test result, an investigation was undertaken and the member of staff responsible was provided with additional training. The incident was discussed in a team meeting and a protocol was written to ensure the risk of recurrence was reduced.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Alerts were cascaded from the head office to the practice via the practice manager. They were then shared with the clinical team for review and/or action and discussed in practice meetings. Lessons learnt were shared and action was taken to improve safety in the practice. For example, we saw that when an alert was received regarding a medicine used commonly to treat depression and anxiety, a search of patients was

undertaken and the six patients identified to be affected by the alert were contacted appropriately. We noted that searches were conducted by the head office and patients contacted accordingly.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a clinical lead member of staff for safeguarding and an administrative lead, both based at the practice. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding. We noted that safeguarding training certificates for all GPs were not readily available for review on the day of inspection, however, training was evidenced before the end of the inspection.
- A notice in the waiting room and in clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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). We were informed that both male and female chaperones were available.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean, tidy and well maintained. There were cleaning schedules available and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention team to keep up to date with best

Are services safe?

practice. There was an IPC protocol and staff had received up to date training. IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We were informed that the treatment room had been marked as unfit for use in September 2016 (shortly after the takeover by The Practice Group) due to lack of compliance with infection control standards. We saw that considerable efforts had been made to improve the standard of the treatment room and it had been completely refurbished at the time of our inspection. We saw that the practice had maintained regular liaison with the CCG infection control team, who had also undertaken independent audits to ensure the room was fit for purpose.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the Milton Keynes Clinical Commissioning Group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The advanced nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the lead GP for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and a risk assessment had been undertaken.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were two designated fire marshals within the practice who had undertaken additional training to fulfil the role. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. A legionella risk assessment had been undertaken the day before our inspection and the practice were awaiting the report (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that water temperature checks were being undertaken regularly.
- There were arrangements for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff informed us they worked flexibly as a team and provided additional cover if necessary during holidays and absences. The practice had safeguarded staff against the risks associated with lone working, particularly in the evenings and on Saturdays. We saw that a risk assessment had been undertaken and changes made to the staff rota to increase safety.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were kept off site by the provider.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, we saw that following a review of NICE guidance the practice had discussed changes to the use and management of anticoagulant medicines to ensure the best possible outcomes for patients. (Anticoagulants are medicines used to prevent blood from clotting).
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

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 were 65% of the total number of points available (local average 95%, national average 95%). The practice had a lead member of staff for QOF and performance was discussed routinely in practice meetings.

Data from 2015/2016 showed QOF targets to be below local and national averages. The practice informed us that much work had been done in the twelve months preceding our inspection (since the takeover by The Practice Group) to improve patient care and in turn QOF performance. New staff had been appointed in lead roles with the relevant skills and knowledge to ensure patients with long term conditions were managed appropriately. Improved computer support had ensured that the practice was submitting data appropriately and stabilisation of the workforce had improved appointment access to ensure

patients were able to receive appointments when needed. The practice were able to provide unverified QOF data from 2016/2017 on the day of inspection which demonstrated improvement:

Performance for diabetes related indicators in the 2015/2016 data were below the Clinical Commissioning Group (CCG) and national averages. For example,

- the percentage of patients with diabetes, on the register, in whom the last blood pressure reading showed good control in the preceding 12 months, was 49%, where the CCG average was 79% and the national average was 78%. Exception reporting for this indicator was 5% compared to a CCG average of 11% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Unverified data presented for 2016/2017 for the same indicator showed practice performance to have improved to 90% (exception reporting 6%).

Performance for mental health related indicators in the 2015/2016 data was largely below local and national averages. For example,

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 65% where the CCG average was 90% and the national average was 89%. Exception reporting for this indicator was 0% compared to a CCG average of 17% and national average of 13%.
- Unverified data presented for 2016/2017 for the same indicator showed practice performance to have improved to 100% (exception reporting 15%).

Performance for dementia was in line with local and national averages in the 2015/2016 data:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 85% where the CCG average was 86% and the national average was 84%. Exception reporting for this indicator was 9% compared to a CCG average and national average of 7%.

Are services effective?

(for example, treatment is effective)

- The practice was able to demonstrate through unverified data that performance for this indicator had also improved in the 2016/2017 data presented, increasing to 100% (exception reporting 2.5%).

The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale for the period 01/04/2015 to 31/03/16 was 43% which was below the CCG average of 91% and national average of 89%.

Exception reporting for this indicator was 1% compared to a CCG average of 13% and national average of 12%. The practice was able to demonstrate that performance for the period 01/04/2016 to 31/03/2017 had improved to 100% (exception reporting 4.2%).

There was evidence of quality improvement including clinical audit.

- There had been ten clinical audits completed in the last two years, five of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, in July 2017 the practice conducted an audit of patients prescribed specific medications who required regular renal function tests. The initial audit identified that 17% of eligible patients had not received the appropriate testing. The practice endeavoured to improve this and in September 2017 a reaudit demonstrated that 4.5% of patients had not received the required tests.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We were told that clinical audits were undertaken by the provider for the practice ensuring that a regular system of appraisal was maintained.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff, including locums. All new staff received a tailored induction pack which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke to staff who informed us that they felt well supported in their roles and that they had received a comprehensive and valuable induction.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff involved in reviewing patients with long term conditions such as diabetes and asthma attended regular updates and received training to support them specifically in these roles.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice closed on the ten afternoons each year allocated by the Milton Keynes Clinical Commissioning Group (CCG) to provide protected learning time for staff and an opportunity to hold practice meetings.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment

Are services effective?

(for example, treatment is effective)

and planning of ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital.

- The practice held regular multi-disciplinary team (MDT) meetings to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses, hospice nurses and local support services. A list of the practice palliative care patients was also shared with the out of hours service to ensure patients' needs were recognised. At the time of our inspection nine patients were receiving this care.
- The practice held regular safeguarding meetings with the health visitors, midwives and district nurses to discuss vulnerable patients and update records.
- All discharge summaries were reviewed on the day they were received ensuring medicines were adjusted and appropriate primary care follow-up was arranged.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent forms were used for specific procedures as appropriate.

Supporting patients to live healthier lives

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The practice nurse provided smoking cessation advice to patients through a dedicated weekly clinic; with the option to refer patients to local support groups if preferred.
- The practice nurse was trained in chronic disease management and held a lead role in supporting

patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). We saw evidence that patients who did not attend (DNA) their appointments (for chronic disease management) received reminder letters and/or a telephone call to further encourage attendance.

- The practice provided contraceptive advice and were able to refer patients requiring the fitting of intra-uterine devices and implants to their sister practice in Milton Keynes. We were advised that the practice intended to provide these services in house as soon as they were registered appropriately.
- The practice provided a variety of health promotion information leaflets and resources for young people. For example the provision of chlamydia testing.
- We saw that the practice facilitated a health promotion calendar, targeting specific health concerns each month to increase awareness and promote available screening and advice. For example, promotions for bowel cancer, childhood immunisations, carers support, mental health and healthy living (targeting blood pressure, cholesterol and diabetes) were displayed in the practice at varying times of the year.
- There were registers for patients with dementia and those with a learning disability. The practice had improved systems to ensure these patients were invited for an annual review. There were six patients on the learning disability register. We were told that all of these patients were booked for a review the week following our inspection. There were 45 patients on the dementia register, all of whom had been invited and 34 had been reviewed between April 2016 and March 2017 (73%).

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 82% and the national average of 81% based on data from 2015/2016. The practice provided additional information on the day of inspection demonstrating an uptake of 93% for the five year period April 2012 to March 2017 (this data was unverified). There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Annual audits were undertaken to review patients that had attended, refused attendance and failed

Are services effective? (for example, treatment is effective)

to attend appointments for cancer screening. All patients that had not attended appointments were contacted and additional information was provided to patients to encourage uptake. Data published for 2015/2016 showed that:

- 51% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 56% and the national average was 58%.
- 82% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 76% and the national average was 73%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice

achieved above the required 90% standard for childhood immunisation rates between April 2015 and March 2016. For example, 100% of children aged 1 year received their full course of recommended vaccinations and 96% of children aged 2 years received their Measles, Mumps and Rubella vaccination.

Patients had access to appropriate health assessments and checks, including new patient health checks. We were informed that the practice had not historically undertaken NHS health checks for patients aged 40–74 years and for those aged over 75 years. We were advised that the recently recruited health care assistant would be undertaking NHS health checks in the future.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the twelve patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the most recent national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was performing in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.

- 87% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

We saw that these results demonstrated a significant improvement on the previous year's performance in the national GP survey. The practice had proactively monitored patient survey results through regular analysis and responded to areas in need of improvement. We saw that new staff had been employed, additional training provided and continued efforts had been made to engage with patients. For example, the development of a 'you said, we did' noticeboard encouraging feedback and various signage throughout the practice encouraging patient involvement in treatment planning and decisions.

The views of external stakeholders were positive and in line with our findings. For example, the manager of the local care home where some of the practice's patients lived was positive about the care provided by the practice. We were advised that they care home had seen an improvement in the service provided since the practice was taken over in 2016.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals. We

Are services caring?

saw that information leaflets were available for young people and the practice had invested in safe play equipment for children in the waiting area. There was a folder in the waiting area with information on children's health and local services available for families.

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- A hearing loop was available for patients who suffered from impaired hearing.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (less than 1% of the practice list). Prior to our inspection, the practice had recognised the need to identify and support carers within their population. An audit had been undertaken and areas of improvement identified and discussed amongst the team. We saw that efforts were made to support carers directly for example, by offering flu vaccinations, health checks, longer appointments and by offering appropriate referrals where needed. The practice worked with a local organisation for carers, MK Carers, and had begun a bi-monthly carers cafe at the practice. This was an opportunity for carers to meet others and to access support services.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They had made efforts to increase the number of carers identified, for example by increasing signage within the practice and speaking directly with patients. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered evening appointments until 8pm Monday to Friday for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and carers or for those that requested them.
- Dedicated appointments were available for patients aged over 75 years and carers.
- There was a lead GP for dementia and a member of staff had been appointed as the dementia champion.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had recognised that some patients were frequently visiting A & E and/or requesting home visits. These patients were identified as being socially isolated and vulnerable, often contacting health services as a means of accessing human contact rather than due to ill health. The practice classified these patients as 'TLC and Welfare patients' and appointed a dedicated Welfare Champion and deputy. The Welfare Champion made weekly calls to these patients to check on their general wellbeing and ensure they were receiving appropriate support. These patients also had a bypass telephone number to contact the practice if needed. At the time of our inspection there were 52 TLC patients and eight welfare patients receiving this support.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice provided a weekly ward round at a residential care home. In addition the practice nurse facilitated a monthly outreach clinic providing treatment room services such as dressings, vaccinations, phlebotomy and ear irrigation.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting). This service was well received by patients as it reduced the need for them to travel to secondary care for the service.
- The practice was able to initiate insulin treatment for patients with diabetes.
- The practice had recognised the need to improve services for patients with mental health concerns and we saw evidence of efforts made to do so. In particular the advanced nurse practitioner had engaged with locality leads for mental health to ensure that the practice was considered for future developments to the service and received adequate support when needed.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results. Patients were able to cancel appointments via text message if preferred.
- The practice worked with midwives, health visitors and school nurses to For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately, including Yellow Fever.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- A phlebotomy service was available Monday to Friday, reducing the need for patients to attend secondary care for blood tests to be undertaken.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8am and 8pm Monday to Friday In addition to these times, the practice operated

Are services responsive to people's needs?

(for example, to feedback?)

extended hours on Saturdays from 8.30am to 12.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The out of hours service was provided by Milton Keynes Urgent Care Services and could be accessed via the NHS 111 service. Information about this was available in the practice and on the practice website and telephone line.

Results from the most recent national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and the national average of 71%.
- 85% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 78% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 71%.
- 60% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 55% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

We saw that these results were a marked improvement on the previous year's results. In response to historic poor feedback on the practice telephone system and the time taken to answer the phones, the practice employed additional reception staff, with more staff available to answer calls during peak times. The practice also responded to consistent negative feedback received in regard to reception staff attitude; investing in external training for staff to improve patient experience.

The practice had made efforts to improve access by enhancing their digital services. For example, enabling patients to book appointments online, cancel

appointments via SMS text message and also sending prompt SMS text messages to patients awaiting pathology results. We saw that the practice regularly analysed data on failed appointments (DNA data). We were told that utilising SMS text messages to send appointment reminders to patients had reduced the number of failed appointments, again improving access for those that needed it. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

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.

Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the waiting room, at reception and on the practice website.

We looked at twelve complaints received in the last 12 months and found that the practice handled them objectively and in an open and timely manner. Lessons were learnt from individual concerns and complaints and actions were taken as a result to improve the quality of care. For example, we saw that when a patient complained about their dissatisfaction with regard to a delayed referral, the practice was prompt to investigate, before responding to the patient. The practice updated its protocol for referrals to reduce the risk of recurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was shared with staff who knew and understood the values. The statement highlighted the practice commitment to being a caring and innovative practice.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Lead roles and responsibilities were clearly assigned and documented for all staff to refer to. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the computer system and file in the reception office. We looked at a sample of policies and found them to be available and up to date. There was a practice procedures folder kept in all clinical rooms to ensure locum staff had easy access to protocols.
- A comprehensive understanding of the performance of the practice was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that QOF data was regularly discussed and actions taken to maintain or improve outcomes for patients.
- We saw evidence that a report was generated on a monthly basis to analysis practice performance and provide an opportunity for appointment data to be reviewed; to determine whether there was any scope for improvement or amendments.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at examples of significant event and incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made or were planned to be implemented in the practice as a result of reviewing significant events.

Leadership and culture

On the day of inspection we spoke with representatives from the provider organisation (The Practice Group) and two of the GPs who demonstrated they had the combined experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the leadership team (including the recently appointed practice manager) were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The leadership team encouraged a culture of openness and honesty. From the sample of seven documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, an explanation of events and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the leadership team in the practice. All staff were involved in discussions about how to run and develop the practice, and the leadership team encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, we spoke with staff who had developed clinical protocols and/or suggested improvements which had been shared across the provider organisation to drive improvement.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG were keen to develop their role in supporting the practice and recommending improvements. We were told that the

PPG had felt more engaged with the practice since the appointment of the practice manager and planned to continue efforts to expand their involvement in the practice.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. We saw evidence of significant improvements made to the practice in the twelve months preceding our inspection. There was evidence of investment in the practice building and additional staff to enhance the patient experience as well as concerted efforts to improve the quality of care patients received; highlighted specifically through the results of the most recent national GP patient survey.

We saw that the practice demonstrated resilience and was proactive in overcoming challenges. Many of the practice team had seen the practice through a prolonged period of uncertainty, highlighting their commitment to the practice population. The practice team demonstrated a positive and cohesive approach to improvement and a strong desire to continue expanding services available to patients.