

Lambgates Health Centre

Quality Report

Lambgates Health Centre

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

Summary of findings

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Summary of findings

Overall summary

Lambgates Health Centre is located in Glossop and provides a range of medical services including: clinics for chronic disease care, contraception, minor surgery, childhood vaccinations and well-person check-ups.

There are 6590 patients registered with the practice. The practice is registered with the Care Quality Commission to deliver the following regulated activities:

- diagnostic and screening procedures
- family planning
- maternity and midwifery services
- surgical procedures
- treatment of disease, disorder or injury.

The patients we spoke with and the feedback cards we reviewed were very positive about the care provided.

They told us the staff were kind and caring and treated them with respect. They said their GP always explained their treatment clearly and they had enough time to discuss their health care issues.

Systems were in place to ensure the efficient and effective running of the service. Staff reviewed their own practices for the purpose of improving the service and they responded promptly to patients' care needs.

Positive steps had been taken to ensure people who had difficulty accessing the service were enabled to do so.

A thorough recruitment and selection process was in place to ensure suitable staff were employed.

Systems were in place to ensure the efficient and effective management of the service. Governance arrangements were in place to ensure the service met patients' needs.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Regular health and safety checks were completed such as fire safety. Systems were in place to prevent the spread of infection. One of the GPs took responsibility for managing safeguarding concerns. Staff were trained in safeguarding and knew to report their concerns immediately. All clinicians follow the National Institute for Health and Care Excellence (NICE) guidelines and best practice guidelines which were readily available on the internet.

Are services effective?

Staff told us they enjoyed their work and felt well supported in their role. Staff received an annual appraisal of their work and regular on-going training was provided. Patients were encouraged to take an interest in their own health through the NHS health checks and health promotion literature was available in the patient waiting area. All clinicians follow the National Institute for Health and Care Excellence (NICE) guidelines and best practice guidelines which were readily available on the internet.

Are services caring?

The patients we spoke with and the feedback cards we reviewed were very positive about the care provided. Patients told us that the staff were always kind and caring. They told us the doctors always explained their treatment clearly and they had enough time during their appointments to discuss their concerns.

Are services responsive to people's needs?

Appropriate referrals were made to other agencies to ensure patients received the treatments they needed. Interpreters were used for patients whose first language was not English and easy access was provided for patients who had difficulties with their mobility. All clinicians follow the National Institute for Health and Care Excellence (NICE) guidelines and best practice guidelines which were readily available on the internet.

Are services well-led?

Systems were in place to ensure the efficient and effective management of the practice. Regular staff meetings took place to ensure good communication within the staff team. Governance arrangements ensured responsibilities were clear, quality and performance was considered and problems were detected, understood and addressed. All clinicians follow the National Institute for Health and Care Excellence (NICE) guidelines and best practice guidelines which were readily available on the internet.

Summary of findings

What people who use the service say

We spoke with eight patients about their views of the practice. They were complimentary about the caring and friendly attitude of both clinical and non-clinical staff. They said they were always treated with dignity and respect and their treatment options were discussed with them in a way they could understand.

Comment cards had been left by the Care Quality Commission (CQC) to enable patients to record their view

of the service. Eleven comment cards were returned to us. Patients were overwhelmingly positive about the service. Patients commented that they were very happy with the care and treatments provided and described the service as 'efficient and professional'. Patients commented on the kind and caring manner of all staff.

Areas for improvement

Action the service COULD take to improve

There was insufficient information recorded when medicines were checked.

Complaints were not monitored for trends and patterns.

Lambgates Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP, a practice manager and an expert by experience that helped us to capture the experiences of patients who used the service. Experts by experience are people who have experience of using or caring for someone who uses health and/or social care services.

Background to Lambgates Health Centre

Lambgate Health Centre is located in Glossop, Derbyshire and provides a service to about 6590 patients. All services are provided from this location. The services provided include family planning, maternity care, younger person's sexual health, alcohol education, minor surgery and NHS health checks.

Lambgates Health Centre employs eight GPs along with a nursing team which comprises of two nurses, an assistant practitioner and a health care assistant. The surgery also has a reception team which comprises of a practice manager, a head receptionist and eight reception staff.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

Before visiting the practice we reviewed a range of information we had received from the service and asked other organisations to share their information about the service. We carried out an announced visit on 14 May 2014 between 10am and 5.30pm. During our visit we spoke with a range of staff, including the primary GP, three nurses, a health care assistant, three receptionists and the practice manager. We also spoke with patients who used the service.

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

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

Are services safe?

Summary of findings

Regular health and safety checks were completed such as fire safety. Systems were in place to prevent the spread of infection. Regular health and safety checks were completed such as fire safety. Systems were in place to prevent the spread of infection. One of the GPs took responsibility for managing safeguarding concerns. Staff were trained in safeguarding and knew to report their concerns immediately. All clinicians follow the National Institute for Health and Care Excellence (NICE) guidelines and best practice guidelines which were readily available on the internet.

Our findings

Safe Patient Care

We found staff at the practice had an effective method of recording significant incidents. These were then discussed at staff meetings to ensure that any learning could be shared and the practice could maintain a regime of continuous improvement.

Clinical safety alerts were received by the practice manager who sent them on to the GPs to be actioned if necessary. The provider informed us that the practice manager was aware a system needed to be established to follow up on any action taken in response to these alerts.

Learning from Incidents

All staff could report an incident or significant event and a record of these events was kept by the practice manager. Incidents and events were discussed with GPs and clinical staff during weekly meetings. An action plan was developed when it was identified that practices needed to change to prevent incidents reoccurring. The policy on significant events did not include information about what constitutes a significant event and why it was important to report and learn from such events.

Safeguarding

The practice had taken action to ensure patients were protected from abuse and harm. The staff we spoke with demonstrated an understanding of the different types of abuse that can occur and what they would do if they suspected a patient was at risk of harm. Staff knew to report concerns to the GP who took responsibility for managing safeguarding referrals or the practice manager in their absence, and the relevant authorities as quickly as possible. Staff were trained to the appropriate level on how to safeguard vulnerable adults and children from abuse. However, the staff training matrix did not reflect this. The practice manager agreed to ensure the training matrix was updated.

The safeguarding policy did not include information about the different types of abuse that could occur, the signs to look out for or the action staff should take in the event of them wanting to report abuse to another agency. The practice agreed to address this issue immediately and a copy of the updated policy was received from the practice soon after the inspection.

Are services safe?

The patient record IT system alerted staff to the names of patients who were potentially at risk of abuse and harm. This meant they could be extra vigilant in their observations.

The GP responsible for safeguarding referrals attended strategy meetings to discuss on-going concerns, although this was not always possible due to short notice. The surgery had good working relationships with local health visitors which ensured good communication in this area.

Monitoring Safety & Responding to Risk

The practice took safety issues seriously and action had been taken to address the potential risk of harm to staff and patients. A member of staff was appointed in charge of health and safety and a member of staff took responsibility for risk management. Staff were trained in health and safety and the Medical Protection Society had provided training to staff in how to ensure the issue of risk was well managed.

Appropriate staffing levels and skill mix was sustained throughout the day to ensure a safe environment was provided.

Medicines Management

All medicines held at the surgery were checked weekly. An oxygen cylinder was stored securely and a record of the checks made on this equipment was in place. We found that temperature sensitive medicines were stored safely and a daily check of the fridge temperatures was completed. Medicines were stored securely and stocks were well organised. No controlled medicines were held at the surgery although these were available at short notice from the local pharmacist.

A record of medication checks was in place, however the check did not indicate exactly what had been checked so there was no way of identifying any specific problem.

There was a good system in place to check on patients' repeat prescriptions and an annual review of their medicines took place to ensure their ongoing good health.

The patients we spoke with said they were happy with the way their prescriptions were handled and patients who used repeat prescriptions said the system in place worked well.

Cleanliness & Infection Control

On the day of the visit the surgery was clean and tidy. Clinical rooms were in a good condition and well stocked

with personal protective equipment such as gloves and aprons. Hand sanitizing gel was available around the surgery to promote good hand hygiene. All equipment was stored in labelled cupboards making it easy to keep surfaces and floors clean.

Systems were in place to prevent the spread of infection. Staff were trained in infection control to ensure they were aware of their responsibilities and knew how to work safely. An infection control audit was completed in November 2013. This audit indicated that the surgery was 97% compliant with safe ways of working with only a couple of points raised for improvement. We were informed that the outstanding issues had been addressed.

Infection control policies and procedure were in place to support staff in their role and hand washing notices were clearly displayed around the building.

Waste products were stored safely in the waste disposal rooms which were clean and tidy. A contract with a waste disposal company was in place for the disposal of waste products. Arrangements were in place for the handling, storage, and disposal of clinical waste. Wall mounted bins for the disposal of needles were in place to protect patients and staff from the dangers associated with the disposal of sharp implements. Guidance was in place about how to manage a needle stick injury should one occur. This further protected staff and patients from the risk of harm.

The service had regular domestic support throughout the day to ensure high standards of cleanliness were maintained.

Staffing & Recruitment

Thorough recruitment and selection procedures were in place which ensured suitably qualified and competent staff were employed. A recruitment policy was in place to support staff in their role and to ensure they followed current employment law correctly. Staff were interviewed for their post by two senior staff and staff references were taken up before they started working at the surgery. These checks ensured staff were of good character and fit for work. Staff were placed on a probationary period when they started work. This meant the provider could assess the person's on-going suitability to continue working at the practice.

Staff were provided with induction training when they were first employed which meant they were aware of their responsibilities and knew what was expected of them.

Are services safe?

A Disclose and Barring Scheme (DBS) check was not routinely carried out when staff were employed. However, this situation has since been reviewed and from January 2014, a DBS check would be completed with all staff before an offer of employment was made. A DBS check will be completed with existing staff over the forthcoming year. At present, new GPs, registrars and locums used their existing checks rather than a new check being taken up.

Dealing with Emergencies

The staff were proactive in their approach to anticipating potential safety risks and plans were in place to make sure they could respond to emergencies and major incidents.

Security arrangements were in place to protect staff and patients from potentially aggressive or violent patients. Staff were trained on how to deal with these situations and an alarm button was fitted to desks. An alert could also be raised through the IT system which meant staff could summon urgent assistance when necessary.

A detailed business continuity plan was in place. This was reviewed annually and outlined clearly what would happen in the event of an emergency occurring on the premises such as water, gas or electricity failure. The plan contained the contact details for utility suppliers and arrangements for the safekeeping of confidential information.

A named doctor was on call each day to deal with emergency appointments at the end of the surgery. The registered provider told us this system worked well because the reception staff were trained to signpost patients to the most appropriate clinician, therefore ensuring patients' care needs were met in a timely manner.

Equipment

The premises were maintained to a high standard. The building was clean, bright and comfortably warm throughout. The design and layout of the premises were suitable for their purpose and promoted patients' wellbeing.

Regular health and safety checks were completed to minimise the possible risk of harm to patients and staff including fire safety, water temperatures, legionella and the electrical safety of portable appliances. CCTV cameras were in place to ensure the safety of the building and unauthorised access.

Emergency equipment such as oxygen was available and medicines to treat patients in case of an emergency were available in each clinical room.

Are services effective?

(for example, treatment is effective)

Summary of findings

Staff told us they enjoyed their work and felt well supported in their role. Staff received an annual appraisal of their work and regular on-going training was provided. Patients were encouraged to take an interest in their own health through the NHS health checks and health promotion literature was available in the patient waiting area. All clinicians follow the National Institute for Health and Care Excellence (NICE) guidelines and best practice guidelines which were readily available on the internet.

Our findings

Promoting Best Practice

Care and treatment was delivered in line with recognised best practice standards and guidelines because there was a systematic approach to identifying relevant legislation. All clinicians followed the National Institute for Health and Care Excellence (NICE) guidelines and best practice guidelines which were readily available on the internet. Staff carried out comprehensive assessments which covered all health care needs and care was planned to meet patients' identified needs. Clinical staff told us they completed regular NHS health checks to identify potential health conditions. This meant they had opportunity to work with the patient on how to manage these conditions proactively.

A good referral system was in place. Some GPs used the Choose and Book system at the time of the consultation so patients received immediate information about the way their condition was being planned. Trainee GPs discussed referrals with senior GPs which ensured accuracy of information and informed decision making.

The practice told us how staff incorporated use of the Mental Capacity Act into everyday practice for people who were unable to consent. The surgery made use of a dementia care support worker who was able to refer patients on to other relevant services.

Management, monitoring and improving outcomes for people

The practice had management systems in place to monitor the quality of the service and review the effectiveness of treatment for the purpose of improving outcomes for patients. The GPs, the practice manager and the nursing staff met regularly to discuss issues such as infection control, safeguarding and patient health checks. Non-clinical staff met every fortnight to discuss issue relating to the IT systems, management of prescriptions and booking appointments. Minutes of the meetings were taken and actions were identified for improvement. The progress of any identified actions was checked the following week. Informal meetings also took place each month. These meetings gave staff an opportunity to come together as a team to talk about particular problems and

Are services effective?

(for example, treatment is effective)

any new developments. While a record of these meetings was not kept, it provided another opportunity for staff to review the effectiveness of the service outcomes for patients.

Staffing

All staff were appropriately qualified and competent to carry out their roles effectively and in line with best practice. The learning needs of staff were identified and training put in place which had a positive impact on patient outcomes.

All staff received an annual appraisal of their work and records indicated this was last completed in February 2013. Staff spoken with confirmed their next appraisal was arranged for June of this year. They viewed this as a positive process as it gave them an opportunity to discuss their training needs and development in their role.

Clinical supervision was provided to nursing staff. They said they saw this as an essential and useful part of their learning and development.

Continual professional development was provided for staff to enable them to maintain their professional registration and also advance their professional and personal development.

Good systems were in place to supervise trainee GPs with formal supervision meetings and allocated time after surgeries for discussion. The practice informed us that all clinicians followed best practice guidelines which were implicit in everyday practice. The practice had created a culture that was based on learning and good practice, and the surgery had a strong focus on the training and development of trainee GPs. A library / study room was available for reading and research. GP appraisals had taken place annually.

During discussion, non-clinical and nursing staff reinforced this ethos. They said they were encouraged to attend training events by the provider and senior staff. Staff told us they had protected learning time and funding was available to attend training events.

Working with other services

There was proactive engagement with other health and social care providers to meet patient's care needs. A good system was in place for making referrals and to follow up outcomes. The GPs worked closely with the palliative care teams, community services and outreach services. The provider had access to urgent care services to support people living in their own home and to prevent unnecessary hospital admissions.

The practice told us the out of hours system worked well and no issues of concern were raised.

Health Promotion & Prevention

The philosophy of care at Lambgates Health Centre was to deliver personalised care which provided patients with information about their treatment options and supported them to make informed choices.

Patients' care and treatment was planned and delivered in line with good practice. Care was personalised, holistic and supported the recovery of the patient or enabled them to maintain a good quality of life. This was reinforced by two patients who had completed CQC comment cards. One patient noted, 'The medical staff are very efficient, caring and interested in my general wellbeing'. Another patient described the care as 'compassionate'.

The surgery provided a wide range of additional services to support patients' care needs. This included a counselling service, NHS health checks, an anticoagulant clinic, minor surgery, contraception implants, smoking cessation and an ultra sound service. One GP took a particular interest in diabetes, consequently patients' care needs were being effectively managed by the surgery.

Are services caring?

Summary of findings

The patients we spoke with and the feedback cards we reviewed were very positive about the care provided. Patients told us that the staff were always kind and caring. They told us the doctors always explained their treatment clearly and they had enough time during their appointments to discuss their concerns.

Our findings

Respect, Dignity, Compassion & Empathy

The patients we spoke with said they felt safe during consultations and comment cards reported positively on the kind and caring attitude of both clinical and non-clinical staff.

All of the patients we spoke with said they were very happy with the service they received. They told us that clinical staff were always respectful and polite during consultations. They described the reception staff as 'very helpful' and 'friendly'. One patient told us, 'The staff are always very polite and helpful'. Another patient said, 'The staff are absolutely wonderful'. When asked whether staff treated them with dignity, all of the patients said that staff, both clinical and no-clinical, were very respectful and treated them with compassion. One patient described their approach as 'exemplary'.

We received 11 CQC comment cards. Again patients were overwhelmingly pleased with the service. One patient commented, 'The medical staff are very good and I feel well looked after. Another person commented, 'The practice is a friendly environment. The GP's I have seen are very professional and treat you with care and compassion and make you feel comfortable'.

The staff we spoke with took their responsibilities seriously and wanted the best for the patients who used the surgery. A chaperone service was available to patients and information about this was displayed in the patient waiting area. Patients we spoke with confirmed they were offered a chaperone when necessary. Staff were trained in this area of care so they were aware of their role and responsibilities.

Involvement in decisions and consent

Patients had an opportunity to discuss their health concerns and preferences to inform their individualised care. Patients spoken with said their GP always explained things in a way they could understand and they had time to talk about what was important to them. They confirmed their GP gave them written information to take away so they had a better understanding of their condition. Some patients commented they found this very useful.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Appropriate referrals were made to other agencies to ensure patients received the treatments they needed. Interpreters were used for patients whose first language was not English and easy access was provided for patients who had difficulties with their mobility. All clinicians follow the National Institute for Health and Care Excellence (NICE) guidelines and best practice guidelines which were readily available on the internet.

Our findings

Responding to and meeting people's needs

An interpreter service was used for people whose first language was not English and a loop system was available for people who were hard of hearing.

All of the patients we spoke with said it was easy to get an appointment with a doctor when they wanted, although they commented this was not always with a GP of their choice. Most patients commented this was not a problem. Patients commented that urgent and same day appointments were available when needed. Comment cards completed by patients said they received home visits when requested.

The practice planned to review patients' views of the service.

A new IT system for organising and issuing repeat prescriptions was in use and patients commented this worked well.

The practice met with the local Clinical Commissioning Group regularly to ensure they were kept informed of patient related issues.

Access to the service

The surgery's website provided a wide range of information and links to other websites and agencies. The website could be easily changed to a different language to help patients whose first language was not English. The website provided information about opening times and the different types of consultations available such as home visits, telephone consultations and surgery appointments.

Access to the building was made easy for people who experienced difficulties with their mobility. Automatic doors were in place with level paths leading up to the building. There was a wider entrance at the side of the building for people who used a wheelchair and a passenger lift was available to the first floor. Disabled toilets were also available. One of the patients we spoke with said, 'The new building is brilliant. As a patient with disability issues it suits my needs.'

Concerns & Complaints

A copy of the surgery's complaint procedure was displayed in the patient waiting area so that patients knew what to do if they were dissatisfied with the service they received. The patients we spoke with said they were aware of the

Are services responsive to people's needs?

(for example, to feedback?)

complaint procedure but most said they would speak directly to the practice manager if they wanted to raise a concern. None of the patients we spoke with during the inspection had any concerns to raise. They told us they were extremely happy with the service they received.

Staff spoken with knew to report all complaints to a senior member of staff for investigation. The provider told us that staff manage complaints promptly so matters are resolved quickly and patients' issues are addressed in a timely way.

Records indicated that 13 complaints had been made about the service since June 2013. However, this did not

correspond with the annual complaint log which indicated only one complaint had been made in the same period of time. While we were informed that complaints had been concluded, documentation was not always in place to demonstrate details of the investigation and outcome. It was not possible therefore to establish clearly whether complaints were managed in a timely fashion.

Detailed records of complaint investigations were not kept so complaints could not be monitored for trends and patterns to identify recurring issues.

Are services well-led?

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

Summary of findings

Systems were in place to ensure the efficient and effective management of the practice. Regular staff meetings took place to ensure good communication within the staff team. Governance arrangements ensured responsibilities were clear, quality and performance was considered and problems were detected, understood and addressed. All clinicians follow the National Institute for Health and Care Excellence (NICE) guidelines and best practice guidelines which were readily available on the internet.

Our findings

Leadership & Culture

Lambgates Health Centre was a well-run practice. The practice had established clear lines of leadership and created a culture which reflected the practice's charter which stated, "Our aim is to provide quality medical, nursing and supportive care in a friendly environment".

GPs ran a good service with quality and clinical effectiveness at the heart of what they did. Each GP partner had specific roles and responsibilities as did other clinical and non-clinical staff. One of the reception staff had responsibility for health and safety and a member of the clinical staff had responsibility for infection control. One GP took responsibility for dementia care services and another reviewed patients with rheumatoid arthritis.

Staff spoken with said they were clear on their responsibilities and knew what was expected of them. Staff said there was a supportive and open culture within the workplace. They told us they enjoyed their work and worked well as a team.

Governance Arrangements

Governance arrangements ensured responsibilities were clear, quality and performance was considered and problems were detected, understood and addressed.

Each GP and senior GP (partner) took responsibility for a number of clinical areas. All senior GPs (partners) were involved in training and supporting GP registrar's and medical students. A named doctor was available to deal with emergencies. The senior GPs were responsible for decisions in relation to the provision, safety and quality of care and worked with the registered provider to ensure identified risks were acted upon. GPs engaged with the local Clinical Commissioning Group to discuss new pathways for care.

The practice was proactive in ensuring the service development and premises were appropriate to deliver a high level of quality care.

The staff teams within the service met regularly to discuss improvements and issues relating to the running of the service and for training. This ensured good communication

Are services well-led?

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

amongst the staff teams and kept staff up to date with current and changing care practices. GP registrar's were well supervised although it was not clear what systems were in place to supervise locum GPs.

Systems to monitor and improve quality & improvement

The service operated an open culture and actively sought feedback and engagement from staff aimed at maintaining and improving services. There was a clear leadership and management structure and staff spoken with knew who to contact for specific advice and support. Staff had an annual appraisal of their work which enabled them to reflect upon their own performance with the aim of learning and improving the service. This also gave their manager an opportunity to monitor and manage any identified shortfalls in their practice.

Lambgates Health Centre had quality assurance processes in place which continually monitored and assessed the quality of service provision. This included a range of audits to help identify and instigate actions to address any shortfalls.

The provider was aware of the importance of obtaining patients' views of the service for the purpose of improving the quality of service and facilities. The practice monitored patients' comments through the NHS choices website and the practice's own website.

Patient Experience & Involvement

Patients were positive about the quality of the service they received. They were complimentary about the caring and friendly attitude of both clinical and non-staff. They commented they were always treated with dignity and respect and their treatment options were discussed with them in a way they could understand. One patient told us, 'The service is excellent. The staff are lovely, they are all very caring. They give good advice and are quick to respond to my condition'. Another patient we spoke with described the staff as 'absolutely wonderful' and described the practise and its services as 'fantastic'.

Comment cards that had been left by the CQC to enable patients to record their view of the service were overwhelmingly positive about the service. Patients commented that they were very happy with the care and treatments provided and described the service as 'efficient and professional'. Patients commented on the kind and caring manner of all staff. One patient commented, 'I can't

fault this practice in any way. Every member of staff is accommodating in every way'. Another patient commented, 'Staff are very helpful. The atmosphere is conducive to the patients' welfare. I have no complaints and am satisfied with the treatment I receive'.

A Patient Participation Group (PPG) was active in the practice. A PPG is a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care. The practice manager attended the monthly meetings to ensure good communication between the group and surgery staff. The PPG wrote a twice yearly newsletter and minutes of their meeting were available.

We spoke with four members of the PPG. One member of the group told us, 'The doctors are very supportive of our ideas and changes have occurred as a result of our suggestions'. Another patient said, 'I have just started attending the PPG meetings. We have lots of ideas which go through the practice manager. I understand that in the past, suggestions have been taken on board and changes have been made to the service.'

Patients could comment on the service through the surgery's website. However, it was acknowledged that it would be useful to provide more information in the surgery as some patients did not have access to the internet. Information was available to patients about who to contact if they wanted to make a complaint and how to contact the local Patient Advice and Liaison Service for advice on standards of care in hospitals.

Staff engagement & Involvement

The practice had taken steps to engage and involve staff in the development of the service by creating an open culture of discussion. Staff had an opportunity to provide feedback on the way the service was managed through team meetings and informal discussions. Staff told us there was an open culture of sharing information and they were encouraged to talk about the things that were important to them.

Learning & Improvement

There were management systems in place which enabled learning and improvement. All staff had clear objectives focussed on improvement and staff reported they work well together to address and resolve problems in the delivery of care. The practice took time out to review and thereby improve performance.

Are services well-led?

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

Staff confirmed they had access to a range of policies and procedures relating to the running of the practice so they were aware of their responsibilities and knew what was expected of them. Policy documents were reviewed annually to ensure they reflected changing care practices.

Identification & Management of Risk

The practice continuously improved and supported safe innovation to ensure a high quality service.

Policies and procedures were in place to support staff in their role and to provide guidance on how to identify and manage risk. They were reviewed regularly to ensure they accurately reflected patients' care needs and minimised any identified risk of harm.

Through the staff appraisal system, staff had clear objectives focussed on improvement which were consistent with the practice's vision and values.

A whistle blowing policy was in place to further protect patients from harm. Staff spoken with were clear on the meaning of whistle blowing and said they would not hesitate to raise a concern or take their concern to another agency if they felt it was not being investigated properly.