

Beech House Medical Practice

Quality Report

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

Ratings

Overall rating for this service

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 Beech House Medical Practice on 18 November. Overall the practice is rated as good.

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

- The practice is situated in a purpose built health centre. The practice was clean and had good facilities including disabled access, translation services and a hearing loop.
- The practice had recently altered the staffing structure and had just recruited a pharmacist.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- The practice was aware of and had systems in place 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).
- Patients' needs were assessed and care was planned and delivered in line with current legislation.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service and acted, where possible, on feedback.
- Staff told us they felt valued, worked well together as a team and all felt supported to carry out their roles.

There were outstanding elements of practice including:-

- As a result of a complaint, the practice had built a bespoke website. The website was colour coded for information for specific groups of patients making it easier for patients to navigate. In addition, the practice had the corresponding information available in the waiting room by having the same colour coded scheme on separate notice boards.
- The practice had developed a patient information booklet specifically for teenagers covering a wide range of health issues that they may not wish to ask about in person.
- The practice had an information board for patients covering varying types of mental health issues. The

Summary of findings

information was set out by asking the patient what type of issue they had and then giving the patient a link to where they could access further information or self- help support.

However, the practice should

- Develop a protocol for medication reviews.

- Update the complaints practice procedure and patient information leaflet to reflect that patients can complain to NHS England as an alternative, if they do not wish to directly complain to the practice.
- Analyse trends from significant events.

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. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including infection control and safeguarding.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. 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.

Good



Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients. Staff had received inductions and attended staff meetings and events. Staff told us they felt valued, worked well together as a team and all felt supported to carry out their roles.

Good



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 providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and was allocated to look after patients for a local care home. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s. Advanced nurse practitioners carried out home visits for patients over 65 years old to identify any problems early.

Good



People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Two of the advanced nurse practitioners delivered the X-PERT patient course for diabetes management to help patients improve their lifestyle.

The practice was in the process of setting up patient health information evenings to discuss asthma and pre-diabetes.

Good



Families, children and young people

The practice is rated as good for providing services for families, children and young people. New baby information packs were sent out to parents of new babies to advise to attend for health checks and vaccinations. The practice regularly liaised with health visitors to review vulnerable children and new mothers. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

The practice had developed a patient information booklet specifically for teenagers covering a wide range of health issues that they may not wish to ask for in person. Information was also available on the practice website.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments. There were extended hours appointments available.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

The practice supported charity organisations, for example, the practice had previously hosted a Macmillan coffee morning.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. Staff told us they contacted patients with dementia to remind them of their appointment times.

The practice had an information board for patients covering varying types of mental health issues. The information was set out asking the patient what type of issue they had and then giving the patient a link to where they could access further information or self- help support.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 (from 113 responses which is approximately equivalent to 1% of the patient list) showed the practice was performing better than local and national averages in certain aspects of service delivery. For example,

- 75% of respondents described their experience of making an appointment as good (CCG average 78%, national average 73%)
- 73% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 37% of patients got to see or speak to their preferred GP (CCG average 58%, national average 59%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).

In terms of overall experience, results were comparable with local and national averages. For example,

- 76% described the overall experience of their GP surgery as good (CCG average 89%, national average 85%).
- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards, all of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. However there were four negative comments about continuity of care as some GPs had recently left, difficulty getting an appointment, the waiting room and two comments about not being listened to by a GP and having to go elsewhere. Two patients we spoke with told us they received an excellent service.

Beech House Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Beech House Medical Practice

Beech House Medical Practice is based in Hazel Grove near Stockport. There were 8,517 patients on the practice register at the time of our inspection. The practice population was predominantly working age patients with young families.

The practice is managed by three GP partners (one male, two female) and there are two salaried GPs. There are two advanced nurse practitioners (ANP), one practice nurse and one healthcare assistant and a trainee associate. The practice is recruiting an additional ANP and practice nurse. There is also a pharmacist. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. The practice offers pre-bookable appointments from 7.30am on Monday Wednesday and Thursday and also has late appointments on alternate Mondays and Wednesdays up to 7.15pm. The practice is also open once a month on a Saturday morning. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of NHS Stockport local commissioning group.

Why we carried out this inspection

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

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

How we carried out this inspection

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?

Detailed findings

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

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

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 18 November 2016.
- Spoke to staff and two patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

The practice had a strong learning culture and viewed any incident or complaint as a positive opportunity to improve services to patients. The practice made good use of significant events, both positive and negative, and audit work was generated from incidents. There was an effective system in place for reporting and recording significant events and incidents. The practice carried out a thorough analysis of the significant events. Significant events were discussed as a standing agenda item at staff meetings however, further improvement could be made by reviewing any trends.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Staff were aware of recent safety alerts and there was a system to disseminate information to the appropriate staff.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The practice had a safeguarding assurance toolkit to tie together five policies used. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and a lead GP for safeguarding children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff were required to sign for having read and understood the protocols in place. Health visitors were invited to attend clinical meetings to discuss any concerns.
- A notice in the waiting room 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).

- The practice was clean and tidy. One of the advanced nurse practitioners was the infection control clinical lead. There was an infection control protocol and staff had received up to date training. Internal and external infection control audits were undertaken and action plans were in place to address any shortfalls. There were spillage kits and appropriate clinical waste disposal arrangements in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Emergency medication was checked for expiry dates. There was a prescription security protocol. Blank prescription pads were securely stored and there were systems in place to monitor their use. The role of the pharmacist was being developed to include medication reviews in the future. There was no protocol in place for medication reviews and the practice was planning to write this. There were patient group directives (PGDs). PGDs are legal documents outlining information about vaccinations and the authorisation for the administration of vaccinations. However, the authorisation had not been signed for each document. There was a list of the PGDs which had been signed. The practice sent us evidence that this had been addressed after the inspection.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. There were monitoring systems in place to check the professional registration and DBS status of staff.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available but this did not identify local health and safety representatives. The practice assured us this would be completed. The practice had up to date fire risk assessments and carried

Are services safe?

out regular fire safety equipment tests and fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available.
- The practice had use of a defibrillator and oxygen. We were shown the equipment was regularly checked. There was an accident book available but no first aid kit although we were told the same contents were carried in GP bags.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. There was a business continuity plan incident form which was used and discussed after any major event to check the plan was working and if any additional changes were needed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. NICE guidance was discussed at staff meetings as a fixed agenda item.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had good systems in place to ensure they met targets and results from 2014-2015 were 100% of the total number of points available with lower than local and national exception reporting. Performance for mental health related indicators was comparable or better than local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to local average of 88% and national averages of 88%.

Performance for diabetes related indicators was comparable with local and national averages for example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading

(measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 83% compared with a local average of 80% and national average of 78%.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits, minor surgery audits and clinical audits.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. The practice had GP locums and locum induction packs were available.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. As a result of a significant event, the practice had made the decision to revisit health and safety induction information on an annual basis for all staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire safety awareness, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Training was included in staff meetings and there were timetables for training and meetings available. Staff told us they were supported in their careers and had opportunities to develop their learning. The practice taught medical students and had received a bronze award for excellence for teaching medical students from the local university.

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 intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

Supporting patients to live healthier lives

- Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- As a result of a complaint, the practice had built a bespoke website. The website was colour coded for information for specific groups of patients making it easier for patients to navigate. In addition, the practice had the corresponding information available in the waiting room by having the same colour coded scheme on separate notice boards.

- The practice had developed a patient information booklet specifically for teenagers covering a wide range of health issues that they may not wish to ask for in person.
- The practice had an information board for patients covering varying types of mental health issues. The information was set out asking the patient what type of issue they had and then giving the patient a link to where they could access further information or self-help support.
- Two of the advanced nurse practitioners delivered the X-PERT patient course for diabetes management to help patients improve their lifestyle.
- The practice was in the process of setting up patient health information evenings to discuss asthma and pre-diabetes.
- The practice supported patients by referring patients to the local Tai Chi lessons to improve physical wellbeing.
- New baby information packs were sent out to parents of new babies to advise to attend for health checks and vaccinations.

The practice carried out vaccinations and cancer screening. Results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 71% to 95% compared with CCG averages of 68% to 92%. Vaccination rates for five year olds ranged from 92% to 96% compared with local CCG averages of 85% to 92%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 79% compared to a national average of 82%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey published in July 2016 (from 113 responses which is approximately equivalent to 1% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 91%, national average 87%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 80% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

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. 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 comparable or above local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)

Staff told us that telephone translation services were available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of 92 carers on its list. The practice provided carers packs of information and information was also available on the practice website.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent a card and offered a longer appointment to meet the family's needs or signposted those to local counselling services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice offered a variety of services including:

- Minor surgery and joint injections,
- Baby clinics
- Travel vaccinations
- Chronic disease management
- Pre-diabetes clinics
- ECG
- Sexual health clinics

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was hearing loop available.

Access to the service

The practice is open 8am to 6.30pm every weekday. The practice offers pre-bookable appointments from 7.30am on Monday, Wednesday and Thursday and also has late appointments on alternate Mondays and Wednesdays up to 7.15pm. The practice is also open once a month on a Saturday morning. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

Results from the national GP patient survey published in July 2016 (from 113 responses which is approximately equivalent to 1% of the patient list) showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

- 83% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 89%, national average 85%).
- 73% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 56% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).
- 75% of respondents described their experience of making an appointment as good (CCG average 78%, national average 73%).
- 37% of patients got to see or speak to their preferred GP (CCG average 58%, national average 59%).

There was a text reminder and cancellation facility.

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 a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk and on the practice website. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint. However, the complaints practice procedure and patient information leaflet needed to be updated to reflect that patients can complain to NHS England as an alternative if they do not wish to directly complain to the practice.

The practice discussed complaints at staff meetings. We reviewed a log of previous complaints and found both written and verbal complaints were recorded. We reviewed one complaint and found written responses included apologies to the patient and an explanation of events.

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 strove to provide their patients with high quality personal health care. There was a business plan in place. There had been a recent reorganisation of the staffing structure. The practice had recruited more nursing staff and a pharmacist to free up time available for GPs so that they could concentrate on patients with more complex health care needs.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A control system in place for all policies, procedures and protocols so that staff were aware they were using the latest up to date information. All policies were practice specific and had been built from scratch adopting CQC guidance. All staff could access policies, protocols and procedures from the computer system.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including clinical meetings. Other meetings included: palliative care meetings with other healthcare professionals and safeguarding meetings with the health visitor.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice was aware of and had systems in place 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

There had previously been an established PPG and the practice had acted on feedback. The practice was considering having a virtual PPG.

- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice carried out an annual employee climate survey. Results from 2016 had shown an improvement in staff satisfaction from 2015. Staff told us they felt valued, worked well together as a team and all felt supported to carry out their roles.

Continuous improvement

The practice team took an active role in locality meetings. Clinicians kept up to date by attending various courses and events. The practice took an active role in major developments in the transformation planning of healthcare provision across Stockport. Two members of staff took lead roles in the neighbourhood practices.