

Orchard Surgery - BG Lannigan

Quality Report

Bromborough Village

Wirral

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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 Orchard Surgery – BG Lannigan on 8 October 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 and easy to understand.
- Patient survey information showed that it could be a challenge 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.
- The practice was clean and tidy.
- The practice used a pharmacy advisor to ensure the practice was prescribing in line with current guidelines.
- The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG) and acted on feedback.
- Staff worked well together as a team and all felt supported to carry out their roles.
- 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 areas where the provider should make improvement are:

- The development of a centralised system to disseminate safety alerts and best practice guidance to all appropriate staff.
- To review policies and procedures at regular intervals.

Summary of findings

- The development of an appraisal process for all staff.
- Ensure that the fire risk assessment is reviewed and updated.
- To support administration and reception staff to receive appropriate training to support them in their roles.
- Ensure that all clinicians are able to access safeguarding information from the computer system.
- Ensure the practice meetings standing agenda includes safeguarding.
- Ensure all staff receive Mental Capacity Act training.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated good for providing safe services. The practice took the opportunity to learn from incidents, to support improvement. There were systems, processes and practices in place that were essential to keep people safe including infection control, medicines management and safeguarding.

Good



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinicians were aware of the guidance from the National Institute for Health and Care Excellence (NICE). Data showed patient outcomes were comparable with local CCG and national averages. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Clinical staff had received training relevant to their roles. Work was needed to ensure the training needs of reception and administration staff were identified and actioned.

Good



Are services caring?

The practice is rated 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. The practice held a carer's clinic monthly to support patients who were also carers and supported an advocacy service to hold a clinic each month at the practice.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It acted on suggestions for improvements from feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Information about how to complain was available. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated good for being well-led. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and had an

Good



Summary of findings

active patient participation group (PPG). Staff had received inductions and attended staff meetings and events. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

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 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 nursing home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for patients over the age of 75 years. The practice provided through the unplanned admission scheme 90 patients with a named care co-ordinator and guaranteed same day access.

Good



People with long term conditions

The practice is rated good for providing services for people with long term conditions. These patients had a six monthly or annual review with either the GP and/or the nurse to check their health and medication. The practice had registers in place for several long term conditions including diabetes and asthma. The practice had adopted a holistic approach to patient care with regard to patients with multiple conditions. They offered patients the opportunity to have an extended appointment with a practice nurse or could book separate appointments if preferred.

Good



Families, children and young people

The practice is rated good for providing services for families, children and young people. 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 regularly liaised with health visitors. Immunisation rates were high for all standard childhood immunisations. The practice ensured all children could be seen on the same day if required.

Good



Working age people (including those recently retired and students)

The practice is 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. For example, the practice offered extended opening hours and online appointment bookings. The practice also offered telephone consultations to reduce time off work.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated 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 but this needed to be updated. Longer appointments were available for people with a learning disability.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for providing services for patients experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those few that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice hosted a counselling service to support easy access for patients in an environment they were comfortable with. Not all clinical staff had undertaken Mental Capacity Act training however they demonstrated an understanding of the Act and the application of Deprivation of Liberty Safeguards (DOLS).

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 124 responses which is equivalent to 4.6% of the patient list) demonstrated that the practice was performing in line with local and national averages. However, there were areas the practice could improve. For example:

- 81.6% described their overall experience of this surgery as good compared with a CCG average of 89.7% and national average of 84.8%.
- 50.7% said they usually get to see or speak to a preferred GP (compared with a CCG average of 63% and national average of 60%).

The practice scored higher or in line with local and national average in terms of clinical support and access to appointments. For example:

- 93.5% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 92% and national average of 89.6%.
- 70.6% of respondents said they usually waited 15 minutes or less after their appointment time to be seen (compared with a CCG average of 65.9% and national average of 64.8%)

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards all of which were positive about the standard of care received.

Results from the National GP Patient Survey showed that 83% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 83% and national average of 77.5%.

Areas for improvement

Action the service **SHOULD** take to improve

- The development of a centralised system to disseminate safety alerts and best practice guidance to all appropriate staff.
- To review policies and procedures at regular intervals.
- The development of an appraisal process for all staff.
- Ensure that the fire risk assessment is reviewed and updated.
- To support administration and reception staff to receive appropriate training to support them in their roles.
- Ensure that all clinicians are able to access safeguarding information from the computer system.
- Ensure the practice meetings standing agenda includes safeguarding.
- Ensure all staff receive Mental Capacity Act training.

Orchard Surgery – BG Lannigan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a second CQC Inspector and a GP specialist advisor.

Background to Orchard Surgery – BG Lannigan

Orchard Surgery – BG Lannigan is situated in Bromborough Village, Wirral. There were 5278 patients on the practice list at the time of our inspection.

The practice has four GP partners and a salaried GP, and as a training practice they also have GP registrar. There is a nurse clinician, two practice nurses and a healthcare assistant. Members of clinical staff are supported by reception and administration staff.

The practice is open 8.30am to 6.30pm three days a week, 7am to 6.30pm one day a week and 8.30am to 8pm one day a week. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by 111 services.

The practice has a General Medical Services (GMS) contract and had enhanced services contracts for example, childhood vaccinations.

Why we carried out this inspection

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

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

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?

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

- Older people

Detailed findings

- 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. NHS England.

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 8 October 2015.
- Spoke to staff and representatives of the PPG.
- Spoke to 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

The practice took the opportunity to learn from internal and external incidents, to support improvement. All staff were involved in incident reporting and those we interviewed told us they could do this confidently and felt supported to do so without any fear of blame. There were recording systems in place which all staff used. Significant events were a standing agenda item at practice and clinic meetings

Clinicians acted on any national patient safety alerts or medication alerts. However, there was no system in place to ensure there was a central point that alerts were collated and shared with all clinicians.

Learning and improvement from safety incidents

The practice had systems, processes and practices in place to keep people safe, which included:

- Arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Clinical staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice did not have a system whereby clinicians could easily access a central list of vulnerable adults and children. Safeguarding concerns were not a standing agenda item for clinical meetings. The senior partner told us safeguarding would be added as a standing agenda item.
- A notice was displayed in the waiting room, advising patients that chaperones (an impartial observer) were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. These 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 had reviewed their recruitment processes and had made improvements which included the decision to renew DBS checks for all staff every three years.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and poster displayed. 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 did not have an up to date fire risk assessments and had not recently carried out a fire drill. A GP partner told us this work would be carried out.
- Standards of cleanliness and hygiene were followed. All areas of the practice were clean and cleaning schedules and monitoring systems were in place. The practice nurse and nurse practitioner were the designated leads. There was an infection control protocol in place and staff had received up to date training. The practice carried out audits and monitored systems in place. The practice had carried out Legionella risk assessments and regular monitoring.
- The practice was well maintained and maintenance records showed appropriate checks were carried out on equipment.
- The practice worked with pharmacy support from the local clinical commissioning group (CCG). Regular medication audits were carried out to ensure the practice was safely prescribing in line with best practice guidelines. Arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. There was a repeat prescription policy in place and uncollected prescriptions were routinely monitored.

Arrangements to deal with emergencies and major incidents

All staff had received annual basic life support training and there were emergency medicines available in the treatment room. The practice had oxygen and a defibrillator available for use in an emergency.

Are services safe?

The practice had a business continuity plan in place for major incidents such as power failure or building damage. We discussed with the partners the need to review and update this document to ensure all information held in it was up to date.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

Clinical staff kept up to date with best practice. Clinicians were aware of the guidance from the National Institute for Health and Care Excellence (NICE) but a more systematic approach to how guidance was shared practice wide needed to be adopted.

The practice participated in the unplanned admissions scheme to reduce the likelihood of patients attending hospital. All eligible patients were monitored and had care plans in place.

Patients' consent to care and treatment was sought in line with legislation and guidance. Clinical 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, assessments of capacity to consent were also carried out in line with relevant guidance.

Protecting and improving patient health

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and there was some information in the practice information leaflet. The practice had links with smoking cessation and alcohol services and staff told us these services were pro-actively recommended to patients. Health checks for patients aged 40–74 who did not have any existing chronic conditions were offered. New patients registering with the practice completed a health questionnaire and were offered a new patient medical appointment with the practice nurse.

The website for the practice contained information about clinics and services and provided information about family health, minor illnesses and how to effectively manage long term conditions. The website also had a language translation facility to support patients whose first language was not English to access services.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF), which is a system intended to improve the quality of general practice and reward good practice) and reward good practice and other sources to

identify where improvements were needed and to take action. QOF information showed the practice was meeting its targets regarding health promotion and ill health prevention initiatives.

Childhood immunisation rates for the vaccinations given were comparable to or exceeded national averages. For example, childhood immunisation rates infant Hib vaccine given to children up to five years was 100%.

The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 79.26 % compared to a national average of 73.24%. There were adverts and leaflets in the waiting rooms to encourage vaccination uptake and the practice offered Saturday morning clinics to support patients to attend for their flu vaccinations.

The screening rate of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 77.23% compared to a national average of 81.88%. We looked at current performance and this had increased slightly. The practice had recognised screening rates could be improved and had and continued to proactively encourage more women to attend.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 test results.

There was an information governance policy in place to ensure patient's details were kept safe and staff received training in handling confidential data and used smart cards to access computer systems. There was a confidentiality policy available.

Incoming mail such as hospital letters and test results were scanned onto the computer system and then read and actioned by clinicians. Arrangements were in place to share information for patients who needed support from out of hours.

Management, monitoring and improving outcomes for people

The practice used the information collected for the QOF and performance against national screening programmes

Are services effective?

(for example, treatment is effective)

to monitor outcomes for patients. Patients who had long term conditions were continuously followed up by use of a monthly diary throughout the year to ensure they all attended health reviews. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was comparable and lower to the national averages.
- Performance for mental health assessment and care was comparable and higher to the national averages.

The practice could evidence quality improvement with a variety of audits including clinical, medication, referral and access audits and all relevant staff were involved. Results of audits were discussed at clinical meetings to promote shared learning.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- There were enough staff to provide services and this was monitored. However, the practice did not have a practice manager and this had created more work for the GP partners. The partners told us this had caused a number of challenges but had also provided them with valuable information with regard to how the management structures operated. The practice was in the process of interviewing for a new practice manager.

Following the visit the senior partner informed us that subject to references and a DBS check they had appointed a practice manager. The practice rarely used locums and the GP partners arranged leave to be able to cover for each other. If a locum needed to be used the practice used GPs known to them and ensured appropriate checks were made.

- The GP partners had identified that reception and administration staff training needed to be updated. They had identified an e-learning training package and were in the process of purchasing this and they were also in discussion with the CCG and other local practices to determine what training and support may be available for the staff team.
- All GPs were up to date with their continuing professional development. There were annual appraisal systems in place for clinical staff. The GP partners had identified that an appraisal system was not currently in place for other staff and this would be addressed by the newly appointed practice manager. Training needs for clinical staff were identified through appraisals and quality monitoring systems.
- The practice is a GP training practice and a GP partner also works at a local university. This supported the practice to proactively engage with innovative care and practice.

Are services caring?

Our findings

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the ten patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 93.5% said the GP was good at listening to them compared to the CCG average of 91.7% and national average of 88.6%.
- 94.4% said the GP gave them enough time (CCG average 89.9%, national average 86.6%).
- 97.1% said they had confidence and trust in the last GP they saw (CCG average 96.2%, national average 95.2%)
- 91.4% said the last GP they spoke to was good at treating them with care and concern (CCG average 89.5%, national average 85.1%).
- 91.8% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.9%, national average 90.4%).

- 85.4% said they found the receptionists at the practice helpful (CCG average 90.3%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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:

- 91% said the last GP they saw was good at explaining tests and treatments (CCG average of 90.1%, national average of 86%).
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 86.3%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. The practice website had a translation feature to support patients to access healthcare information in their own language.

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 in conjunction with a local charity held a carer's clinic monthly to support carers and to offer practical advice and support. The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Patients told us GPs went that extra mile and offered compassionate and sensitive support at times of extreme stress and bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was a patient participation group (PPG) which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. As a result of feedback, the practice had altered the times of their surgeries to include early morning and evening appointments.

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.
- Urgent access appointments were available for children.
- There were disabled facilities and translation services available.
- There was a hearing loop at the practice.
- Extended opening times.

There was a PPG practice newsletter for patients and the practice website highlighted information regarding support for carers and screening appointments.

Access to the service

The practice was open three days a week from 8.30am to 6.30pm and extended opening hours were provided two days per week. Appointments could be made in person, by telephone or online. Pre-bookable appointments could be booked up to four weeks in advance for both GPs and nurses. Same day urgent and non-urgent appointments were also available but not necessarily with a GP of choice due to availability. The practice had recently limited the number of pre-bookable appointments on Mondays to meet the increased demand following weekends for same day urgent appointments.

The practice constantly monitored the numbers of appointments available to meet the demand of the patients. For example, the practice offered more on the day appointments in the winter months to attempt to reduce pressure on hospital services.

We noted that there was only one receptionist answering the telephone to patients wishing to make an appointment. Discussions with patients identified this as an area of frustration we discussed this with the GP partners who agreed to review this arrangement.

Listening and learning from concerns and complaints

The practice has 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 the waiting room and in a practice leaflet. The

complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

We looked at three complaints and found they had been dealt with appropriately. We discussed with a GP partner the need to be aware of the language used and to ensure all investigations also looked at complaints from the patient's perspective. Complaints were discussed at staff meetings so that any learning points could be cascaded to the team.

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

Staff told us the practice was patient centred and a caring practice. There were some notices in the practice referring to values and a patient charter.

Governance arrangements

There was a clinical governance policy in place and there were a range of policies and procedures available to staff. We noted that a number of policies had not recently been reviewed, a GP partner told us this was in the process of being done and showed one policy that was being updated. He told us he hoped this process would quicken once the new practice manager commenced work.

The practice had a governance framework which supported the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Clinical practice specific policies were implemented and were available to all relevant staff
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The practice also had:-

- A system of reporting incidents and whereby learning from outcomes of analysis of incidents took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals.

Meetings were planned and regularly held including: annual significant event and complaints meetings, and clinical meetings. Meeting minutes were circulated and available to all staff.

- A system to proactively gain patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.
- Encouraged and supported staff and were in the process of setting up an appraisal system to meet the educational and developmental needs administration and reception staff.

There was a clear leadership structure in place and staff felt supported by management. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the appointment system had been changed and extended opening hours had been provided following feedback from patients.
- 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 strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of a local initiative to develop closer working arrangements with four other local practices to improve outcomes for patients in the area.

Are services well-led?

Good 

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

The practice was recently designated a training practice and were proud of this achievement and believed this would support innovative practice to support and develop improved ways of working to benefit patients.