Tong Medical Practice

Quality Report

Highfield Health Centre
2 Procter Street,
Bradford
BD4 9QA
Tel: 01274471312
Website: www.tongmedicalpractice.nhs.uk

Date of inspection visit: 19 February 2015
Date of publication: 11/06/2015

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Good ●

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tong Medical Practice on 19 February 2015. Overall the practice is rated as outstanding.

Specifically, we found the practice to be outstanding for providing effective, caring and responsive services. We found them to be good for providing safe and well led services. It was also rated as outstanding for all the population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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 was available and easy to understand.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

We saw areas of outstanding practice as follows:

- **There was outstanding and innovative practice for management, monitoring and improving outcomes for people.**
- The practice completed detailed monthly performance reports to monitor their effectiveness against quality

Summary of findings

and prescribing targets and areas for improvements to practice were shared with all clinical staff. National data showed the practice performed well and provided good and improving outcomes for patients.

- **There was outstanding practice in health promotion and prevention.**
- The practice provided a "one stop shop" for patients to access health and community services. To achieve this, the practice worked very closely with other health professionals and community and voluntary services and they were focused on using every opportunity for health promotion. A community interest company, Healthy Lifestyle, had been initiated at the practice. Additional clinics and services were available for patients within the practice. These included provision of physiotherapy, podiatry, audiology, retinal screening, benefits advice, substance misuse and alcohol services and psychological therapies. A wide range of information was available for patients in the practice and on the web site.

- **There was outstanding and innovative practice in supporting patients to cope emotionally with care and treatment**.
- The practice had a dedicated member of staff in a patient liaison role. Their role included working with the patient participation group (PPG) and the community interest company (CIC) to improve services for patients. We received a number of very positive comments from patients who told us about this member of staff and their work. They were described as a miracle worker by patients due to their ability to support patients and assist them with their health and social care needs. Patients also told us they felt the practice was very good at signposting them to services offering support and the practice had initiated support groups for patients.
- **There was outstanding and innovative practice in responding to people's needs**
- One GP used their specific interest in mental health to improve care for patients with mental ill health and learning disability. This GP provided extended appointments for seriously mentally ill (SMI) patients and acted as resource for other clinicians. They had worked on schemes within the practice to improve the care for people with mental ill health such as provision of behavioural activation therapy and liaison Psychiatry services.
- Specifically designed services for teenagers had been developed called Tong Teen Choice. This was a drop in service provided at the practice and the local school for teenagers to discuss any health concerns they may have. This had encouraged teenagers to seek health advice and the practice had been able to support and safeguard children through this service.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their role and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for staff. Staff worked well with multidisciplinary teams.

There were outstanding processes in place for the practice to monitor their performance. The practice completed detailed monthly performance reports to monitor their effectiveness against quality and prescribing targets. National data such as Quality and Outcomes Frame work (QOF) showed the practice performed well in all areas. The most recent data showed the practice had achieved 99.6% of the available QOF points. Data relating to key prescribing performance indicators (KPPI) showed 100% attainment in this area.

There were outstanding and innovative services in place for health promotion for the patients. The practice provided a "one stop shop" for patients to access health and community services. The practice worked very closely with other health professionals and community and voluntary services and they were focused on using every opportunity for health promotion. A community interest company, Healthy Lifestyle, had been initiated at the practice and a wide range of additional clinics and services were available for patients within the practice.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services. Patients said they were treated with compassion, dignity and

Summary of findings

respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We saw staff treated patients with kindness and respect.

We saw outstanding and innovative services were provided to support people to cope with their care and treatment. The practice had a dedicated member of staff in a patient liaison role. Their role included working with the patient participation group (PPG) and the community interest company (CIC) to improve services for patients. We received a number of very positive comments from patients who told us about this member of staff and their work. They were described as a miracle worker by patients due to their ability to support patients and assist them with their health and social care needs.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had reviewed their appointments systems and made improvements. Patients said they found it easy to make an appointment and urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available on the website and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

There were outstanding and innovative services in place for the care of patients with mental ill health and for teenagers. One GP used their special interests to improve care for patients with mental ill health and learning disability. This GP provided extended appointments for seriously mentally ill (SMI) patients and acted as resource for other clinicians. They had worked on schemes within the practice to improve the care for people with mental ill health such as provision of behavioural activation therapy and liaison Psychiatry services. Specifically designed services for teenagers had been developed called Tong Teen Choice. This was a drop in service provided at the practice and school for teenagers to discuss any health concerns they may have. This had encouraged teenagers to seek health advice and the practice had been able to support and safeguard children through this service.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. The practice had a strong vison and the staff had

Summary of findings

clearly defined and well understood roles vison and values were embedded within the culture of the practice. The practice monitored their performance in detail every month and shared the learning with staff to secure improvements. The practice was innovative in their approach to provision of services to improve outcomes for patients. They worked with patients and the local community in a collaborative way to improve services and they were continually looking to improve services using information technology.

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

Outstanding ☆

The practice is rated as outstanding for the care of older people. Nationally reported data showed outcomes for patients were good for conditions commonly found in older people. All patients over 75 years of age had a named GP. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits.

Monthly multi-disciplinary meetings were held to review the care needs of older people. The practice worked closely with other health and social care organisations such as the integrated care team .

The practice held a number of in-house health and social care clinics to support patients. For example, the practice supported and signposted patients to the local visually impaired group.

The practice had a member of staff in a patient liaison role. They offered support and advice to patients. We received a number of very positive comments from patients who told us about this member of staff and their work. They were described as a miracle worker by patients due to their ability to support patients and assist them with their health and social care needs.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified and monitored. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check their health and medication needs were being met. For those people with the most complex needs, the practice worked with relevant health and care professionals to monitor patient outcomes and to deliver a multidisciplinary package of care.

The practice identified patients who needed additional support and the practice kept a register of all patients with a learning disability, chronic disease or mental health problem. These patients were offered an annual physical health check even where this was not required by the Quality and Outcomes Framework (QOF). Annual heath checks were offered and the uptake by patients was monitored on a monthly basis.

Summary of findings

An advanced nurse practitioner had been employed to support patients with complex needs. The practice held a number of in-house clinics to support this group of patients such as warfarin monitoring and diabetes clinics.

We saw outstanding and innovative services were provided to support people to cope with their care and treatment including a dedicated member of staff in a patient liaison role. Their role included working with the patients to provide support and advice.

Families, children and young people

Outstanding ☆

The practice is rated as outstanding for the care of 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. Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice worked closely with other agencies such as the health visitors and voluntary community services.

The practice had implemented combined post natal and baby clinics which had improved vaccination uptake rates for children.

There were outstanding and innovative services in place for the care of for teenagers. The advanced nurse practitioner had developed a specific service for teenagers and had worked closely with the local secondary school. Drop in clinics were provided at the school and at the practice. This had encouraged teenagers to seek health advice and the practice had been able to support and safeguard children through this service.

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Outstanding ☆

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including

those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability and for those who required translation services.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had developed support services and told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns.

The practice had a designated GP with the lead role for patients who had learning disabilities. Information in easy to read formats had been developed.

The practice held a number of in-house health and social care clinics to support patients such as a support group for the visually impaired, benefits advice, substance misuse and alcohol services and psychological therapies.

The practice had a member of staff in a patient liaison role. They offered support and advice to patients.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health received an annual physical health check and longer appointments were available. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out pre-screening and care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and held in-house clinics. It had a system in place to follow up patients who had attended accident and emergency (A&E).

There were outstanding and innovative services in place for the care of patients with mental ill health. A GP used their specific interest in Mental Health to improve care for patients in this group. One GP had the lead role for mental health and also worked for the local clinical commissioning group (CCG) in a lead role for mental health and learning disability. This GP provided extended appointments for

Summary of findings

seriously mentally ill (SMI) patients and acted as resource for other clinicians. They had worked on schemes within the practice to improve the care for people with mental ill health such as provision of behavioural activation therapy and liaison Psychiatry services.

Summary of findings

What people who use the service say

We received 31 CQC patient comment cards and spoke with 7 patients on the day of our visit. We spoke with people from different age groups and with people who had different physical needs and those who had varying levels of contact with the practice.

The majority of patients told us they were very satisfied with the service they received. They described the service as excellent, wonderful, A1 quality, fantastic and very good.

We received very positive comments about the staff in the practice. A number of comments described the doctors as excellent, very understanding, attentive, respectful and supportive, nurses as always happy, very friendly and very good and reception staff as very helpful, efficient and respectful.

The majority of patients were very complimentary about the care provided by the clinical staff. They told us the GPs listened to them, explained treatments to them and involved them in decisions about their care. A patient described how they had been contacted at home by their GP following treatment to see how effective their treatment had been and they said further investigations had been arranged promptly where required. Another patient told us staff had contacted them to check their progress following a medical emergency.

We also received very positive comments about the nurses and we were told the nurses were very understanding and supportive. One patient told us their child had a long term health condition and was seen regularly by the nurses. They said their child was always treated as an individual and they said as a parent they were listened to. They said due to this approach their child had received individualised care and as a result their condition was very well managed.

Other patients also described how well supported they were with their long term health conditions and they said they had been offered regular health checks.

Patients told us all the staff treated them with dignity and respect

Patients told us they had very little difficulty getting through to the practice on the telephone and were complimentary about the availability of appointments. They told us they could always get a same day appointment if required. The patients said they could request to see a named GP.

Patients said the practice was always clean and tidy.

We received information from the National Patient Survey. The information from the 2013 GP Patient Surveys showed 416 surveys were sent out and 115 patients responded. The results showed 83% rated their overall experience of this surgery as very or fairly good.

Outstanding practice

We saw areas of outstanding practice as follows:

- **There was outstanding and innovative practice for management, monitoring and improving outcomes for people.**
- The practice completed detailed monthly performance reports to monitor their effectiveness against quality and prescribing targets and areas for improvements to practice were shared with all clinical staff. National data showed the practice performed well and provided good and improving outcomes for patients.
- **There was outstanding practice in health promotion and prevention.**
- The practice provided a “one stop shop” for patients to access health and community services. To achieve this, the practice worked very closely with other health professionals and community and voluntary services and they were focused on using every opportunity for health promotion. A community interest company, Healthy Lifestyle, had been initiated at the practice. Additional clinics and services were available for patients within the

practice. These included provision of physiotherapy, podiatry, audiology, retinal screening, benefits advice, substance misuse and alcohol services and psychological therapies. A wide range of information was available for patients in the practice and on the web site.

- **There was outstanding and innovative practice in supporting patients to cope emotionally with care and treatment**.
- The practice had a dedicated member of staff in a patient liaison role. Their role included working with the patient participation group (PPG) and the community interest company (CIC) to improve services for patients. We received a number of very positive comments from patients who told us about this member of staff and their work. They were described as a miracle worker by patients due to their ability to support patients and assist them with their health and social care needs. Patients also told us they felt the practice was very good at signposting them to services offering support and the practice had initiated support groups for patients.
- **There was outstanding and innovative practice in responding to people's needs**
- One GP used their specific interest in mental health to improve care for patients with mental ill health and learning disability. This GP provided extended appointments for seriously mentally ill (SMI) patients and acted as resource for other clinicians. They had worked on schemes within the practice to improve the care for people with mental ill health such as provision of behavioural activation therapy and liaison Psychiatry services.
- Specifically designed services for teenagers had been developed called Tong Teen Choice. This was a drop in service provided at the practice and the local school for teenagers to discuss any health concerns they may have. This had encouraged teenagers to seek health advice and the practice had been able to support and safeguard children through this service.

Tong Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP and a practice manager specialist advisor.

Background to Tong Medical Practice

Tong Medical practice is situated within a purpose built health centre in Bradford. The practice also prvides servcies one morning a week at Holme Wood Health Centre, Holme Wood Road, Bradford BD4 9EJ.

The practice provides Personal Medical Services (PMS) for 8393 patients under a contract with NHS Bradford Districts Clinical Commissioning Group (CCG). The practice is situated within one of the more deprived areas nationally.

There are two GP partners, a male and female, and two female salaried GPs. The clinical team also includes an advanced nurse practitioner, two practice nurses, a healthcare assistant and a phlebotomist. An experienced team of 12 management, administrative and reception staff and two apprentice administration staff support the practice. The practice provides teaching and training for GP Registrars.

The surgery opening times are Monday to Friday 8.00am to 6.00pm. The practice also provides an additional surgery on a Wednesday morning at Holme Wood Health Centre.

Patients can access the appointment system by telephone, presenting at reception or on line via the practice web site. Some appointments are pre-bookable and some are allocated to be booked on the same day.

Out of hours services are accessed via the practice telephone number. Calls to the practice are automatically redirected to this service outside of the practice opening hours. A local walk in centre is also available and contact details are advertised on the practice website.

The practice is registered to provide the following regulated activities; family planning, diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

Why we carried out this inspection

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

Please note 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.

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?

Detailed findings

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

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the NHS Bradford Clinical Commissioning Group (CCG), to share what they knew.

We carried out an announced visit on 19 February 2015. During our visit we spoke with a range of staff including the two GP partners, a GP registrar, an advanced nurse practitioner, practice nurse, business manager, patient services lead, patient liaison lead, and four reception and administration staff. We also spoke with seven patients who used the practice including three representatives of the patient participation group (PPG).

We observed communication and interactions between staff and patients, both face to face and on the telephone within the reception area. We reviewed 31 CQC patient comment cards where patients and members of the public had shared their views and experiences of the practice. We also reviewed records relating to the management of the practice.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. These included, reported incidents, national patient safety alerts, clinical audits and comments and complaints received from patients. The practice had processes in place to ensure incidents would be reported, recorded and investigated. The staff we spoke to were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw records which showed the practice had managed incidents consistently over time.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. The business manager was the designated lead in this area. Significant events were reviewed monthly during clinical meetings.

There was evidence the practice had learned from incidents and the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise issues for discussion at the practice meetings.

The business manager showed us the system they used to manage and monitor incidents. We looked at the records of five incidents and saw records were completed in a comprehensive and timely manner and records of action taken were also maintained. For example, we saw a number of measures had been taken to ensure the risk of reoccurrence was minimised following a serious incident. We saw prescribing procedures had been reviewed and changed. An audit had been completed of patients prescribed related medicines and their prescriptions had been reviewed. The locum induction pack had been updated with the changes to prescribing practice. Alerts had been put on electronic patient records where patients may be at risk and all the staff we spoke with had been fully informed of the incident and the measures taken.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed all the staff had received training in safeguarding both adults and children. Record's showed training was provided at a level commensurate with their role. Staff we spoke with were aware of their responsibilities and knew how to share information of concern. Safeguarding policies and procedures and the contact details of relevant agencies were available and easily accessible for all staff.

The practice had a designated lead GP in safeguarding vulnerable adults and children. They confirmed they had completed training at the appropriate level for this role and completed annual refresher training. Staff we spoke with were aware who the safeguarding lead was and who to speak to in the practice if they had a safeguarding concern. One member of staff told us of an incident where they had been concerned about a patient when they had seen them in the community. They said they had referred this to the safeguarding lead who then took action to contact and support the patient.

The practice held a regular safeguarding meeting with health visitors, to discuss concerns and share information about children registered at the practice. Vulnerable adults at risk were also discussed at multidisciplinary meetings. A system was in place to highlight children at risk and vulnerable adult patients on the practice's electronic patient record.

There was a chaperone policy and procedure in place. Information for patients relating to provision of chaperones was displayed in the practice and on the website. The staff had received training in this area and had the appropriate recruitment checks to enable them to undertake this role if required.

Medicines management

Medicines were kept in a secure storage area, which could only be accessed by clinical staff. We saw dedicated fridges were used to store medicines requiring refrigeration. Logs of the daily checks of the temperature of fridges had been maintained which showed these were within the recommended temperature ranges for the medicines stored.

We saw medicines for use in emergencies were accessible to staff. We saw these medicines were in date and were routinely checked.

Good

Are services safe?

Requests for repeat prescriptions were taken by e-mail, online, post, via the local pharmacy or at the reception desk. Repeat prescriptions were signed by a GP and checks were made to ensure the correct person was given the prescription. There were procedures in place for GP reviews to monitor patients on long term medicine therapy. There were procedures in place to ensure the security of prescriptions.

Any changes in guidance about medicines were checked by the GP with lead role for prescribing and communicated by email to staff by the business manager. Clinical staff we spoke with were able to give examples of recent changes in guidance.

Cleanliness and infection control

We observed the premises to be clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had well developed policies and procedures for infection prevention and control and the two practice nurses shared the lead role for infection control. Infection, prevention and control audits had been completed in May 2014 and December 2014. The practice had identified carpeted areas in surgeries required updating to hard floors which could be cleaned more effectively and had applied for funding for this work to be completed.

Cleaning services were provided by Bradford District Care Trust. We observed cleaning schedules were in place and were signed and dated when tasks were completed.

The training log showed all the staff had received infection control training commensurate with their role and staff we spoke with were aware of the procedures in place to minimise the risks of cross infection. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. Hand washing sinks, antibacterial hand gel and hand towel dispensers were available in treatment rooms. We observed there was no antibacterial hand gel in the reception area for patients use; the practice manger told us she would address this.

The practice had a process for the management and testing of legionella (a bacterium found in the environment which can contaminate water systems in buildings).

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us all the equipment was tested and maintained regularly. Staff we spoke with were aware of how to access equipment in an emergency and we observed emergency equipment was easily accessible to staff. Records showed the equipment was checked regularly to ensure it remained in working order. We saw annual inspections of equipment were also completed.

We saw systems were in place for portable appliance tests (PAT) and calibration of equipment. We saw testing had last been completed in December 2014.

Staffing and recruitment

The practice had recruitment policy and procedures. The documents identified the checks required for recruitment of clinical and non-clinical staff and the process to be followed to obtain these checks. For example, it included the type of proof of identification required, number of references and checking registration with the appropriate professional body. However, these did not include the process for Disclosure and Barring Service (DBS) checks**.**

We saw relevant checks were in place in the staff files we reviewed. Records showed one nurses DBS check was in progress. We clarified this with the practice manager who informed us DBS checks were held for all staff and were reviewed every three years. They said the record related to the DBS which was in the process of the three year review. The nurse confirmed this..

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Locum GPs were used to cover sessions when required. We were told a small group of regular locums were used for consistency for the patients.

Staff told us there was usually enough staff to maintain the smooth running of the practice. The practice took into account longer term succession planning for GP partners and the nurses and as vacancies arose they considered the team and skills required prior to recruitment. The practice manager told us they also considered the staff team and skills required during appraisals and in their review of significant events.

Good

Are services safe?

We received positive comments about the staff and patients told us they found all the staff to be caring and helpful. Patients also told us they could usually get an appointment the same day if required.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice.

Risks were assessed and actions to reduce and manage the risk were recorded. For example, we saw health and safety and fire risk assessments had been completed and action plans were in place to ensure any shortfalls were addressed. Staff had completed health and safety and fire safety training.

A health and safety audit had been completed in November 2014 by the contractors, Bradford District Care Trust. The majority of areas identified for action had been completed.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed staff had received training in basic life support fire safety, health and safety and some staff had completed fire warden and first aid training.

We saw emergency equipment was accessible to staff including access to oxygen and an automated external defibrillator. Emergency medicines were available in a secure area of the practice and staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use.

A patient described how well they had been supported by all the staff when they had deteriorated suddenly during a visit to the practice. They said the staff acted very promptly and were knowledgeable in the procedures to support them. They said the staff had contacted their family and after discharge from hospital they had been contacted by the practice to check on their progress.

A detailed business continuity plan was in place to deal with a wide range of emergencies that may impact on the daily operation of the practice. This included contact numbers for services such as water, gas and electricity and included guidance for staff in the event of a major incident.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as mental health, family planning, joint injections and palliative care. The practice nurses also had special interest areas such as diabetes, teenage heath and asthma. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us they supported all staff to continually review and discuss new best practice guidelines and to be involved in developing services.

GPs we spoke with used national standards for the referral of patients with suspected cancers. Regular reviews of elective and urgent referrals were included in a monthly performance report. A GP had completed an audit of urgent referrals and found some referrals were not meeting NICE guidance. The GP sent all the clinicians the NICE guidelines for suspected cancer referrals and as a result there were improvements in numbers of referrals meeting the standards in the guidance at a later audit.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated to support the practice to carry out clinical audits and other improvements to the service.

We saw outstanding processes were in place for the practice to monitor their performance. The practice completed detailed monthly performance reports to monitor their effectiveness against quality and prescribing targets. The report also included accident and emergency attendance and admissions to hospital and number of care plans in place on case notes and reviews of care plans completed. The practice also monitored when care plans had been reviewed for patients recently discharged from hospital. This data and areas requiring improvement were discussed in monthly practice meetings. National data such as Quality and Outcomes Frame work (QOF) showed the practice performed well in all areas. The most recent data available to us showed the practice had achieved 99.6% of the available QOF points. We also saw data relating to key prescribing performance indicators (KPPI) which showed a 100% attainment in this area.

GPs told us about the audits they had undertaken to monitor practice; these had included audits of medicines such as disease modifying anti arthritic drugs (DMARD), fast track referrals and training. One audit had assessed the impact of training related to the Gold Standards Framework for palliative care. The practice gained Gold Standards Framework Accreditation in 2000. Training for the Going For Gold Quality Improvement Programme had begun in October 2013. The data showed there had been improvements across the data set following training. For example, there had been a large increase in recording of Advance Care Planning discussions from 46% to 63% for those patients on the Gold Standard Framework register.

We saw how one GP used their special interests to improve care for patients. One GP had the lead role for mental health and also worked for the local clinical commissioning group (CCG) in a lead role for mental health and learning disability. This GP provided extended appointments for seriously mentally ill (SMI) patients and acted as resource for other clinicians. They had worked on schemes within the practice to improve the care for people with mental ill health. These had included the development of a template

for assessing the physical health of these patients. The practice had also implemented a pilot scheme for behavioural activation therapy. Behavioural activation (BA) is a treatment recommended by the National Institute of Clinical Excellence (NICE) for those suffering with depression. The nurses had received specific training to enable them to support this work. At the time of the inspection the practice was just about to commence a six month project looking at liaison psychiatry in primary care as one of only three sites nationally. Liaison psychiatry services aim to meet the psychological needs of people who are being treated primarily for physical health problems or symptoms. They are usually provided to people attending general or acute hospitals.

We saw information relating to prescribing data for the practice. To assist them to monitor prescribing practice they employed a pharmacist. We saw data which showed they were better than national average in relation to prescribing practice for hypnotics and sedatives and were meeting all the key prescribing performance indicators (KPPI). We saw prescribing practice and performance indicators were monitored monthly.

The practice also used the information collected for the QOF and the performance monitoring report against national screening programmes to monitor outcomes for patients. The practice met all the minimum standards for QOF in diabetes, asthma, chronic obstructive pulmonary disease (COPD) and mental health. They were above the national average for the percentage of patients with physical and/or mental health conditions whose notes recorded the patients smoking status in the preceding 12 months.

The practice had identified there was a high rate of teenage pregnancy and chlamydia amongst their patient population. To try to address this, the advanced nurse practitioner had developed a service for teenagers called Tong Teen Choice. This was a service for teenagers to discuss any health concerns they may have. The advanced nurse practitioner had completed level two sexual health training to assist them to develop this service. The practice had worked closely with the local secondary school and the advanced nurse practitioner provided weekly drop in clinics at the school. Drop in clinics were also provided at the practice at school leaving time. The advanced nurse practitioner told us this service had encouraged teenagers to seek health advice and they had been able to support and safeguard children through this service. We observed teenagers using the drop in service at the practice.

The practice held a number of in-house clinics to support patients such as warfarin monitoring clinics, COPD and asthma clinics.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw staff were up to date with essential training courses such as annual basic life support, fire safety and safeguarding adults and children.

GPs were up to date with their continuing professional development requirements. A GP we spoke with told us they had completed their revalidation and we saw records another GP had also completed their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals which identified learning needs from which action plans were documented.

Practice nurses and health care assistants were expected to perform defined duties and they were trained to fulfil these duties. Training for this group of staff was also targeted towards improving and expanding services for patients. For example, the advanced nurse practitioner had completed the faculty of sexual health and reproductive healthcare training. The nurse told us how they had used this knowledge and skill to develop services for teenagers.

Clinical staff told us they were well supported and said there were plenty of opportunities for clinical support and training.

Non-clinical staff also told us they were well supported and had access to training relevant to their role.

Working with colleagues and other services

The practice worked with other service providers and held regular multi-disciplinary meetings to monitor patients at

risk; review patient's needs and manage complex cases. We saw health professionals, including health visitors and palliative care and community nurses, were invited and attended the meetings.

The practice had systems in place to monitor if patients attended appointments where they had been referred by the practice to secondary care services such as the hospital. Where it was identified the patients had not attended an appointment the patient would be contacted. Referral rates were monitored and recorded in the practice performance monitoring report and were discussed at monthly meetings.

Procedures were in place to manage information from other services such as the hospital or out of hour's services. Staff were aware of their responsibilities when processing discharge letters and test results and there were systems for these to be reviewed and acted upon where necessary by clinical staff.

Information sharing

The patient record system used in the practice and used by the partner agencies, such as district nurses, was a shared system. Information about patients' needs was also shared, when required, at regular multidisciplinary meetings held in the practice. For example, a designated GP had the lead role in the integrated care scheme. They told us they attended regular multidisciplinary meetings where information relating to patients needs was shared. They told us this scheme had improved care planning and reduced risks for patients.

Electronic systems were in place for making referrals and, in consultation with the patients; referrals were made through the choose and book system. (The choose and book system enabled patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice had systems to provide staff with the information they needed. Staff used the electronic patient record to coordinate, document and manage patients' care. We saw alerts were placed on patients records where required to assist staff in providing the appropriate care and assistance. For example, the system identified if patients had a disability such as vision impairment, this enabled staff to provide appropriate assistance when patients arrived at the practice.

Policies and procedures were available electronically and all staff had access to these. Regular practice meetings were held for staff. Staff told us agenda items included information about changes to policies and procedures, training opportunities and learning points from complaints and incidents.

Consent to care and treatment

We found the GPs and nurses we spoke with were aware of the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. They told us training had been provided via eLearning and Mental Capacity Act and Deprivation of Liberty Safeguards training had been held in meetings and we saw evidence of this from meeting minutes. However this training was not included on the training log provided to us to evidence who had completed the training and when.

Clinicians we spoke with were able to give examples where consent for treatment had been discussed and mental capacity had been assessed. They also demonstrated a clear understanding of the assessment procedures to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment. We saw examples of completed consent forms for minor surgical procedures.

Health promotion and prevention

We found there was outstanding practice in this area. The vision of the practice was to provide a 'one stop shop' for patients. To achieve this, the practice worked very closely with other health professionals and community and voluntary services and they were focused on using every opportunity for health promotion. A community interest company, Healthy Lifestyle, had been initiated at the practice. Additional clinics and services were available for patients within the practice and included physiotherapy, podiatry, audiology, retinal screening, benefits advice, substance misuse and alcohol services and psychological therapies.

The practice identified patients who needed additional support. For example, the practice kept a register of all patients with a learning disability, chronic disease or mental health problem and these patients were offered an annual physical health check even where this was not required by the Quality and Outcomes Framework (QOF).

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Annual heath checks were offered and the uptake by patients was monitored on a monthly basis. Staff had received specific training to enable them to provide these services.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Child and flu vaccination rates were monitored monthly. The practice had implemented combined baby clinics which had improved vaccination uptake rates for children.

The practice web site provided access to a wide range of patient information and links to other websites such as NHS Patient Information websites. A range of health information leaflets were also displayed in the practice waiting area. The practice had put together separate health information folders for men, women and young people.

The patients we spoke with were very complimentary about the care provided. They confirmed they were called for regular reviews of their long term conditions and joint appointments were made for those who had multiple conditions. The patients also told us the practice was good at signposting people to appropriate agencies for support. One person told us how a weekly support group had been set up by the practice for visually impaired patients. They told us they found this very helpful.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey where, from 416 surveys, 115 responses were received. Data from the national patient survey showed 83% of patients rated their overall experience of the practice as good or very good which was just above average for the local CCG of 82%.

Patients completed CQC patient comment cards to tell us what they thought about the practice. We received 31 completed cards of which the majority were very positive about their experience of the service. We also spoke with seven patients on the day of our inspection. The majority of patients said they were very satisfied with the service they received. They described the service as excellent, wonderful, A1 quality, fantastic and very good. A number of comments described the doctors as excellent, very understanding, attentive, respectful and supportive, nurses as always happy, very friendly and very good and reception staff as very helpful, efficient and respectful. Patients told us all the staff treated them with dignity and respect

Staff and patients told us all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted consultation / treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

We saw staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private. A side room was available for patients who wished to speak privately to reception staff and a radio helped to mask any conversations at the reception desk. Records showed staff had received information governance and customer care training.

The practice supported a number of charities and held fund raising events throughout the year.

Care planning and involvement in decisions about care and treatment

The majority of patients we spoke with and who completed CQC patient comment cards were complimentary about the care provided by the clinical staff. They told us the GPs listened to them, explained treatments to them and involved them in decisions about their care. We also received very positive comments about the nurses and we were told the nurses were knowledgeable and supportive. One patient told us their child had a long term health condition and was seen regularly by the nurses. They said their child was always treated as an individual and they said as a parent they were listened to. They said due to this approach their child had received individualised care and as a result their condition was very well managed.

Patients said their long term health conditions were monitored and they felt supported. They told us they were prompted to attend for reviews and they said combined reviews could be arranged where they had multiple health conditions.

We were told care plans had been produced for patients with complex needs including those with mental health needs and those patients at high risk of admission to hospital. Care planning activity and hospital admissions were monitored through the monthly practice performance reports and meetings. Multi-disciplinary meetings were held to discuss patients' with complex needs and to plan care interventions.

Staff told us interpreter services were available for patients who did not have English as a first language and longer appointments would be booked when patients required this service.

Patient/carer support to cope emotionally with care and treatment

We found there was outstanding and innovative practice in this area. The patients we spoke to on the day of our inspection and the comment cards we received highlighted that staff responded compassionately when they needed help and provided support when required. A patient described how they had been contacted at home by their GP following treatment to see how effective their treatment had been and that further investigations had been arranged promptly as required. Another patient told us staff had contacted them to check their progress following a medical emergency.

Outstanding ☆

Are services caring?

The practice had a dedicated member of staff in a patient liaison role. Their role included working with the patient participation group (PPG) and the community interest company (CIC) to improve services for patients. They also contacted all bereaved patients and new mothers to offer support and advice. We received a number of very positive comments from patients who told us about this member of staff and their work. They were described as a miracle worker due to their ability to support patients and assist them with their health and social care needs. We were told they visited people at home to ensure they were receiving adequate support and had sourced equipment to enable one patient to be supported at home for end of life care as was their wish.

Notices in the patient waiting rooms and on the patient website informed patients how to access a number of support groups and organisations. Written information was available for carers to ensure they understood the various avenues of support available to them. The web site had information and links to Bradford and Airedale team Carers Resource information and NHS carers direct. Patients told us they felt the practice was very good at signposting them to services offering support. One person told us how the practice had initiated a support group for visually impaired patients; they said the meetings were very helpful.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were well understood and systems were in place to address identified needs in the way services were delivered. The practice had developed a number of services to support their patient population and assist them to meet their health and social care needs.

One GP used their specific interest in mental health to improve care for patients with mental ill health and learning disability. This GP provided extended appointments for seriously mentally ill (SMI) patients and acted as resource for other clinicians. They had worked on schemes within the practice to improve the care for people with mental ill health such as provision of behavioural activation therapy and liaison Psychiatry services.

Specifically designed services for teenagers had been developed called Tong Teen Choice. This was a drop in service provided at the practice and the local school for teenagers to discuss any health concerns they may have. This had encouraged teenagers to seek health advice and the practice had been able to support and safeguard children through this service.

They had developed and implemented their vision of a "one stop shop" for health and social care services to be delivered within the practice. A number of secondary care services and support groups were provided at the practice and they had also developed and implemented a support service specifically for teenagers. They had developed a patient liaison role to support and advise patients.

The practice identified and recorded, at the point of registration, the patient's first spoken language and whether an interpreter would be needed. A record of vulnerable patients such as those with learning disabilities, mental ill health, nursing home patients and all housebound patients was maintained. If patients required an interpreter or had learning disabilities they were booked a double appointment to allow adequate time for discussion. The practice had a designated GP with the lead role for patients who had learning disabilities and for those with mental ill health and annual health checks were offered for these patients. Alerts were recorded on patient's records where they needed additional assistance to access the service to ensure staff were aware of their needs. Home visits for health checks were also provided where required.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example, they had provided pre-bookable online appointments and additional reception staff at peak times to improve accessibility.

We observed a member of reception staff provide excellent care for a patient when they attended the practice for advice about their care and treatment following a hospital appointment. The member of staff immediately recognised there may be a problem with the person's medication which may put their health and welfare at risk. They liaised with the hospital and requested records to be provided and they arranged for the patient to be seen at the practice. They followed the patient through their visit and ensured the patient received their updated prescription.

The practice told us that they engaged regularly with the local Clinical Commissioning Group (CCG) and one of the GPs was a clinical lead for mental health and learning disability for the CCG.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, the practice had systems in place which alerted staff to patients with specific needs who may require a longer appointment. Home visits were offered and the GPs carried out visits to local nursing homes as required.

The practice was situated within a building which was purpose built. The patient areas were on the ground floor and the patient areas were sufficiently spacious for a wheelchair user. Toilets with baby changing equipment and equipment suitable for those with a disability were available.

There was a hearing loop at the reception desk for patients with impaired hearing.

Fact sheets were available in different languages on the practice website to explain the role of UK health services and the National Health Service (NHS), to newly-arrived individuals seeking asylum. They covered issues such as

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

the role of GPs, their function as gatekeepers to the health services, how to register and how to access emergency services. Information in easy to read formats was also available for patients.

Access to the service

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey. This indicated the patients were generally satisfied with the appointments system at the practice. For example, 90% of respondents were able to get an appointment to see or speak to someone the last time they tried, the local (CCG) average was 80% and 59% of respondents with a preferred GP usually get to see or speak to their GP. The local (CCG) average was 47%.

Patients told us they had very little difficulty getting through to the practice on the telephone and were complimentary about the availability of appointments. They told us they could always get a same day appointment if required. The patients said they could request to see a named GP.

The practice had conducted workshops with an external facilitator for patients and staff to discuss access to the service. They had reviewed the appointment system and implemented changes from these discussions. They had implemented pre-bookable appointments and provided additional reception staff at peak times.

Reception staff told us some appointments were pre-bookable and some had been allocated for booking on the same day and for patients to book online. We observed there were appointments available on the day of the inspection. Extended hours appointments were not available these had been trialled but following consultation with the PPG these were discontinued as they were not used.

Comprehensive information about appointments was available to patients on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed they were automatically redirected to the GP out of hour's service.

Information about the out-of-hours service was provided on the web site. A local walk in centre was also available and contact details were advertised on the practice website. Appointment reminders by text message were available.

Home visits were made to local nursing homes as required and to those patients who needed one.

The practice were exploring new ways to use information technology to improve access to services. They were consulting with the local school, the PPG, CCG and healthy life styles via workshops to look at options for this. They were also in the process of liaising with younger patients via an online survey system to design and implement the IT programmes. They said they would then look how the systems could be used for other patients such as those who are working or housebound.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw information was available to help patients understand the complaints system on the web site and complaints information was displayed in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had made a complaint to the practice.

We looked at how complaints received by the practice in the last 12 months had been managed. We saw 19 complaints had been received. The records showed complaints had been dealt with in a timely way and patients had received a response which detailed the outcomes of the investigations. We also saw that where events relating to the complaints were considered to be significant incidents these were recorded and investigated appropriately.

We found from records and discussions with staff learning from complaints had been shared with them.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had developed a statement of purpose which included their aims and objectives and a summary of these were also displayed on the practice website. The practice aims and objectives included the aim to offer high quality care for their patients and a "one stop shop" with as many services as possible provided within the practice.

Our discussions with staff and patients indicated the vison and values were embedded within the culture of the practice. Staff told us the practice was patient focused and they told us the staff group were well supported. We found the management team used and developed staff skills and interests to deliver their vision. We saw a number of innovative schemes had been implemented or were in the process of development within the practice in order to improve the care for their patients.

Governance arrangements

We found there was a well-established management structure with clear allocation of responsibilities and all the staff we spoke with understood their role. We found the senior management team and staff continually looked to improve the service being offered. All the staff we spoke with felt that the practice delivered a high quality of service. Regular meetings were undertaken including regular partners, staff and multidisciplinary meetings.

There was a clear leadership structure with named members of staff in lead roles. For example, one GP partner was the lead for safeguarding and another was the lead for prescribing. The practice manager was the lead for information governance and two nurses shared the lead role for infection control. The staff we spoke with were clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We saw there were clearly thought through information governance procedures in place. We observed adherence to the procedures by all the staff.

The practice had a number of policies and procedures in place to govern activity and these were available to staff. The policies had been reviewed but a record of who had reviewed the policies and when the review had taken place had not always been recorded.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with or above national standards and the practice had achieved almost maximum QOF points at 99.6%. We saw QOF data was regularly discussed and evaluated at monthly team meetings. A detailed performance monitoring report was prepared for these meetings which included performance towards quality targets and data relating to rates of prescribing, consultations, referrals and unplanned admissions.

The practice had an ongoing programme of clinical audits which were used to monitor quality and to identify where action should be taken.

The practice had arrangements for identifying, recording and managing risks. Risk assessments had been carried out and where risks were identified action plans had been produced and implemented

Leadership, openness and transparency

The staff told us there was open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues.

The practice held regular staff meetings. We found performance; quality and risks were discussed at the meetings.

We were told team meetings were held regularly, at least monthly and clinical meetings were held every week. The staff told us there was an open culture within the practice and they said they had the opportunity and were happy to raise issues at team meetings.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through patient surveys, comment cards and complaints received. The majority of patient feedback we reviewed was positive.

The practice had an active patient participation group (PPG) comprising of 12 members. The PPG representatives

Are services well-led?

Good

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

were mainly from patients of the working age and older groups. The practice advertised the PPG extensively in the practice and on the website. Representatives of the PPG told us they were to start a virtual group to try and increase membership.

The PPG members told us they had been involved in regular surveys and joint workshops with staff from the practice. They said they were involved in reviewing the feedback form surveys and agreeing action plans. We looked at the analysis of the last patient survey, which was considered in conjunction with the PPG. The results and actions agreed from these surveys were available on the practice website.

The PPG representatives told us the practice worked well with them and listened to their suggestions. They told us the practice were implementing the agreed action plan following the last survey and as part of this had provided the patient check in screen in reception.

The practice were exploring new ways to use information technology to improve access to services. They were consulting with the local school, the PPG, CCG and Healthy Life Styles via workshops to look at options for this. They were also in the process of liaising with younger patients via an online survey system to design and implement the IT programmes. They said they would then look how the systems could be used for other patients such as those who are working or housebound.

Staff feedback was gathered at regular practice meetings and through annual appraisals. Staff told us they felt comfortable approaching any of the management team.

Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. Staff told us regular appraisals took place which included a personal development plan. Staff told us the practice was very supportive of training and they had been able to develop their skills and knowledge.

The practice had completed reviews of significant events and other incidents and shared the information with staff at meetings to ensure the practice improved outcomes for patients. For example, we saw improved procedures had been put in place to monitor and manage repeat prescription requests following a significant event.