

Adderley Green Surgery

Quality Report

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

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?

Requires improvement 

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 Adderley Green Surgery on 8 August 2017. Overall the practice is rated as good.

Dr Sridharaprumal Shanmugasundaram was formally registered with the Care Quality Commission (CQC) as a single handed GP practice known as Adderley Green Surgery located at Weston Street, Adderley Green, Stoke on Trent. The practice had not previously been inspected by CQC. In February 2017 the provider was successful in winning the contract to manage The Practice Drayton Road, located within Longton Health Centre which was previously managed by Chilvers & McCrea Limited. This became effective from 1 April 2017. The patient lists merged and the provider designated the Drayton Road practice as the main location and head office with the practice at Weston Road becoming a branch surgery. The two practices are less than one mile apart.

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

- Staff understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, the provider had not had the opportunity to document all events identified as a result of taking over the main practice.
- Most risks to patients were assessed and managed
- There was a staffing structure in place and staff were aware of their own roles and responsibilities.
- The nurse practitioner had recently completed an independent prescriber course however; there was no formal system in place to support them in this extended role.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey for the former Adderley Green Practice showed patients were treated with compassion, dignity and respect and were

Summary of findings

involved in their care and decisions about their treatment. However, some patients shared concerns with us about the lack of confidentiality at the reception desk at the main practice.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients reported considerable difficulty when trying to contact the practice by telephone and expressed dissatisfaction with the availability of appointments.
- 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 the management team. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Review and improve arrangements for making appointments.
- Consider obtaining an Automated External Defibrillator (AED) in the practice as recommended in the 'Primary care – Quality Standards' published by the Resuscitation Council UK or alternatively review the current risk assessment to ensure it is comprehensive and clearly details why an AED is not required.
- Implement a formal system to support the nurse practitioner in their extended role.
- Ensure all outstanding significant events are recorded and investigated.
- Consider reviewing the confidentiality arrangements at the main practice reception desk.
- Carry out a review of staffing to ensure there is sufficient clinical capacity to meet patient demand.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. However, the provider had not had the opportunity to document all events identified as a result of taking over the main practice.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents with the exception of Automated External Defibrillators (AED). Emergency medicines as recommended had been obtained at both practices shortly after the inspection.
- The Nurse practitioner (NP) had recently completed an independent prescriber's course and could therefore prescribe medicines for clinical conditions within her expertise. However, there was no formal system in place to support the NP in this extended role.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the previous Quality and Outcomes Framework for 2015/16 for the former Adderley Green Surgery showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits were undertaken however, more second cycle audits needed to be undertaken to demonstrate quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2017 for the former Adderley Green Surgery showed the practice scores were higher than the Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GPs and were lower for nurse consultations.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all patients we spoke with felt listened to.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, but patient confidentiality at the reception desk required review.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Requires improvement



- Patients reported considerable difficulty with telephone access and the availability of appointments.
- Services were planned to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. However, the infrastructure (staff numbers and systems) was not in place to support it.
- Appointment systems were not working well so patients did not receive timely care when they needed it.
- Holistic assessments and care planning for the elderly and vulnerable groups were carried out by the practice nurse on a Wednesday to identify their needs and signpost them to other avenues of support.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and evidence from the examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients and to take into account the significant changes following the recent practice takeover. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the management team. The practice had policies and procedures to govern activity and staff had access to these.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- There was a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement. The skill mix of staff and training and personal development was priority.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients and requests for home visits were triaged within an hour to help prevent hospital admissions.
- Patients aged 85 and over were identified as vulnerable adults and included on the practice vulnerable adult register.
- The practice was proactive and provided personalised holistic assessments covering medical, social and mental health needs in addition to care plans for patients at risk of hospital admission.
- The nursing team carried out home visits for routine health checks, chronic disease management, blood tests as well as administering seasonal flu vaccinations for the housebound.
- Patients aged 75 years or over had a named GP and wherever possible they see their named GP for continuity of care.
- The practice offered holistic 'Keep Well' Health Checks for patients aged 65 and over.

People with long term conditions

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

Good



- Self-management plans were in place for patients with health conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). A pre-diabetes questionnaire was available in the waiting area to identify any patients that may be diabetic so that intervention could be put in place at the earliest opportunity.
- There was a system to recall patients for a structured annual review to check their health and medicine needs were being met.
- Members of the clinical team had lead areas of specialism, for example COPD, mental health, diabetes and attended external training updates on the management of these conditions.
- The practice followed up on patients with long-term conditions discharged from hospital within two days and ensured that their care plans were updated to reflect any additional needs.
- Staff were qualified to perform lung function testing.

Summary of findings

- All these patients had a named GP that worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- Children aged 12 and under were given priority access to appointments. If no appointments were available on the same day, GPs triaged each appointment request and decided whether they needed to see the child as an additional patient to their clinic.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with a midwife who visited the practice weekly, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice was a Developing All Sexual Health (DASH) practice and provided sexual health advice and contraceptive supplies for young people aged 24 and under, including chlamydia screening.
- A women's health clinic was provided for the fitting and removal of intrauterine device (coil) and contraceptive implant.

Working age people (including those recently retired and students)

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

Good



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours were provided on a Monday evening until 8pm at the main practice.
- Telephone appointments were available by request to benefit working patients that were unable to attend the practice. The practice was also looking to provide video consultations in the future for working age patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- The practice enabled the temporary registration of students whilst home on holiday leave.
- Health checks were provided to include well man checks, new patient health checks and NHS Health checks for patients aged 40 to 74 years.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with dementia, a learning disability, patients aged over 85 and housebound patients.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators for the former Adderley Green Practice was mainly comparable to the local CCG and national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 90% which was the same as the CCG average and comparable with the national average of 89%. However, the practice clinical exception rate of 0% was lower than the CCG average of 11.5% and the national average of 13%, meaning more patients were included.
- The practice considered these patients to be vulnerable and included them on their vulnerable patient register.

Good



Summary of findings

- Patients with severe mental health conditions were seen the same day, their medicines were reviewed by a GP and weekly prescriptions issued if deemed appropriate to help safeguard these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. An external counsellor from Healthy Minds held regular clinics at the practice to see patients registered at the practice in addition to patients registered elsewhere.
- Patients at risk of dementia were identified and offered an assessment with a lead dementia nurse in their own homes if needed. The practice was working towards becoming a dementia friendly practice.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017 for the former Adderley Green Surgery prior to the takeover of the practice at Drayton Road. The survey invited 299 patients to submit their views on the practice and 98 surveys were returned. This gave a return rate of 33%. The results showed the practice was performing in line with local and national averages for most questions asked. Data showed:

- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 84%.
- 71% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 71%.
- 98% of patients said they had confidence and trust in the last GP they saw or spoke with compared to the CCG and the national averages of 95%.
- 76% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 75% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 completed comment cards. Twenty two were very positive about the services experienced. Twelve contained mixed comments and seven contained negative comments about the services experienced. Positive comments cited staff as 'friendly', 'helpful' 'sympathetic' and 'pleasant'. A number of patients, previously registered under the former provider, commented on their improved experiences under the new provider and the continuity of care they now

received. One person described their experience as 'life changing'. Nine comments related to challenges around contacting the practice by telephone and the lack of access to appointments.

On the day of the inspection we spoke with 12 patients who used the service, including three members of the Patient Participation Group (PPG). Feedback was mixed. Most patients told us they were generally happy with the service they had received, however eight patients also shared the same concerns in relation to the difficulties getting through to the practice by telephone and the availability of appointments. Some patients said they had to resort to visiting the practice in person to make an appointment due to the challenges experienced with telephone access.

The practice had received four reviews in 2017 on NHS Choices, a website that allows patients to share their experiences on healthcare services. Two comments related to difficulties experienced with access to appointments.

The practice had completed an internal patient survey. Fifty patients were surveyed during week commencing 4 December 2016 and asked a series of questions relating to their experiences of the GP, practice nurse, access and on-line services. The outcome of the survey was overall positive and the practice had developed an action plan and shared this with the patient participation group (PPG) and published it on the practice website.

The practice took part in the NHS Friends and Families test (FFT). This is a feedback tool that provides patients the opportunity to give feedback on their experience and asks would they recommend the services they have used. The practice had completed an annual summary of the feedback received from 1 April 2016 to 31 March 2017. The practice had received 34 responses with 25 patients reporting they would extremely likely to recommend the service and four patients said they were extremely unlikely to.

Areas for improvement

Summary of findings

Action the service **SHOULD** take to improve

- Review and improve arrangements for making appointments.
- Consider obtaining an Automated External Defibrillator (AED) in the practice as recommended in the 'Primary care – Quality Standards' published by the Resuscitation Council UK or alternatively review the current risk assessment to ensure it is comprehensive and clearly details why an AED is not required.
- Implement a formal system to support the nurse practitioner in their extended role.
- Ensure all outstanding significant events are recorded and investigated.
- Consider reviewing the confidentiality arrangements at the main practice reception desk.
- Carry out a review of staffing to ensure there is sufficient clinical capacity to meet patient demand.

Adderley Green Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Adderley Green Surgery

Adderley Green Medical Services Limited (known as Adderley Green Surgery) is located in Stoke-on-Trent and is registered with the CQC as an organisation. The provider holds a General Medical Services contract with NHS England and is a member of the NHS Stoke-on-Trent Clinical Commissioning Group (CCG). A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract. The practices provide Directed Enhanced Services, such as family planning services, minor surgery and childhood immunisations.

The practice has approximately 5068 registered patients. The area is one of higher deprivation when compared with the national average. The practice age distribution is mainly in line with the Clinical Commissioning Group (CCG) and national averages.

Patients can access services at either of the practices two locations at their convenience.

- Longton Health Centre, Drayton Road, Stoke-on-Trent, ST3 1EQ (main practice).
- 28-30 Weston Street, Adderley Green, Longton, Stoke-on-Trent, ST3 5DQ (the branch practice providing limited surgeries).

The practice is an accredited teaching practice for medical students and is also involved with medical research in partnership with a local university.

The practice staffing comprises of:

- One male and one female GP 1.5 whole time equivalent (WTE) plus one female locum GP (working two sessions per month).
- One female nurse practitioner (0.9 WTE) plus one female locum advanced nurse practitioner (0.18 WTE)
- Two female practice nurses (1.5 WTE) plus one female locum practice nurse (0.2 WTE)
- One female practice pharmacist (0.1 WTE) and one male locum pharmacist (non-prescriber)
- One female health care assistant (0.1 WTE) increasing to full time from September 2017.
- One practice manager (1 WTE).
- Seven reception and administrative staff working a variety of hours.

Both the main and branch practices are open between 8.00am and 6pm Monday to Friday and 8am to 1.00pm on a Thursday. GP surgery times at the main practice are between 8.30am to 12.30pm and from 1.30pm to 5.30pm. Extended opening hours are offered between 6pm to 8.00pm on a Monday evening at the main practice. A GP surgery is held at the branch practice once a week on a Friday morning between 9am and 12 noon. Patients can access a range of nurse clinics provided at the main location throughout the week in addition to nurse clinics on a Monday between 8.30am and 6pm and on a Tuesday between 9am and 2pm at the branch practice. Urgent appointments are available for children and those that need them. Routine appointments can be booked in person, by telephone or on-line. Home visits are triaged by

Detailed findings

a clinician to assess whether a home visit is clinically necessary and the urgency of the need for medical attention. The practice has opted out of providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was 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

We carried out a comprehensive inspection of Adderley Green Surgery on 8 August 2017 and visited both the main and branch practice. Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We also reviewed information the practice provided us in preparation for the inspection. During our visit we:

- Visited the main practice site and the branch practice.
- Spoke with a range of staff including two GPs, a practice nurse, a nurse practitioner, the practice manager, and three administrators/receptionists. We also spoke with a pharmacist technician from the Clinical Commissioning Group (CCG) who attended the practice to speak with us.
- Spoke with 12 patients who used the service, including three members of the Patient Participation Group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed online information where patients and members of the public shared their views and experiences of the service, and looked at survey information.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time for the former Adderley Green Practice located at Weston Street.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff we spoke with told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system that all staff were able to access. The form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had identified, recorded and investigated five significant events in relation to Adderley Green Surgery (now the branch practice) prior to taking over the practice based at Drayton Road (now the providers' main practice) in April 2017. They had also carried out an annual review of significant events for 2016/2017 and shared and recorded the learning points to improve safety in the practice. For example, we saw there had been a delay in a patient being referred to hospital via the NHS e-referral system service. We saw the reasons for this had been explored, action was taken to prevent a reoccurrence and the patient received an apology.
- The provider told us they had identified a further four significant events since the takeover of the Drayton Road practice and these had not yet been formally recorded as they had been dealing with a number of other issues. These included not having any medical equipment at the main practice available on the first day of the takeover due to it being removed by the previous provider. Following the inspection the practice manager advised us they had since devised a system to capture events as they happened and these significant events had been placed on the agenda for the next clinical meeting. We saw significant events were shared, discussed and recorded as part of practice clinical and staff meetings held.

The practice manager told us that they had revised their system to act on alerts that may affect patient safety, for example alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA). This was following the increase in clinical staff to include a part-time practice

pharmacist who had designated responsibility to manage, act and record actions in relation to medicine alerts received. Other alerts were reviewed and acted on by the practice manager. Medicine alerts were printed off, signed by the clinical team and retained in a folder. Other alerts were passed to the practice team for signing off as appropriate and copies retained. A link for alerts had been added to clinician's computer desktops for ease of access. We saw alerts were discussed and recorded in practice clinical meetings held. We carried out random MHRA searches against the patient list and found the practice had taken the appropriate action to identify any patients that may be affected or require a change to their medication.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and staff spoken with knew who the lead was. From the sample of documented examples we reviewed we found that the GPs provided reports where requested for other agencies.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and were able to share positive examples of how they had shared safeguarding concerns with external agencies. For example, where a child known to social services had failed to attend a number of appointments in addition to vulnerable adults identified during health assessments undertaken in the community. Safeguarding concerns were shared, discussed and recorded during clinical meetings held. Staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurse practitioners and the practice nurses were trained to child protection level three.
- There was a system in place to alert vulnerable patients to staff on patient medical records.

Are services safe?

- Notices were displayed in both practices advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the main and branch premises to be clean and tidy. There were cleaning schedules and monitoring systems in place and staff had access to personal protective equipment such as disposable gloves and aprons.
- A designated practice nurse was the infection prevention and control (IPC) clinical lead and attended annual training updates via the Clinical Commissioning Group (CCG). There was an IPC policy in place and staff had received training. IPC audits had been undertaken at both practices and as a result action had been taken to address any shortfalls identified. For example, the procedure for the management of patient samples had changed and staff were aware of the improved procedure.

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

- The practice worked closely and had carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. A number of changes had been implemented to improve patient outcomes, for example, a number of patients had received medicine reviews and as a result their medicine had been reduced. A member of the CCG medicines management team attended the inspection to advise us they attended the practice on a weekly basis and had noted significant improvements in medicines management at the main practice under the new provider. They told us the practice was consistently working hard to make improved changes and regular medicine reviews were being undertaken. We looked at examples of patients on high risk medicines and found ongoing monitoring was effective.

- We saw patients had access to the electronic prescribing service (EPS), allowing prescriptions to be sent direct to pharmacies through the IT system used in the practice. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The nurse practitioner we spoke with had very recently qualified as Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They worked 32 hours per week and saw approximately 30 patients per day over the age of two. However, there was no formal system in place to quality assure the work in this extended role and provide clinical supervision.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, there was no contract of employment in place for the locum staff who regularly worked on a part-time basis. The practice manager told us they would review this arrangement for locum staff to ensure two way clarity of expectations.

Monitoring risks to patients

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

- The main practice premises were maintained by the NHS Estates Department. The branch practice was owned by the provider and an external contractor provided full maintenance support. We saw there were procedures in place for monitoring and managing risks to patient and staff safety.
- Staff had access to health and safety policies and procedures, had received training and were aware of their responsibilities. A fire risk assessment had been undertaken and fire evacuation plans were accessible to patients, staff and visitors. Records showed fire drills had recently been carried out at both practices.

Are services safe?

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following the inspection an asbestos report for the main practice was forwarded to us and the provider had requested an asbestos survey to be carried out at the branch practice within the following two weeks.
- There were arrangements for planning and monitoring the number of staff and mix of staff. Since the takeover of the main practice, the provider had been successful in recruiting additional part-time clinical staff to meet the increased patient numbers. These were: a nurse practitioner, an advanced nurse practitioner, a pharmacist and locum pharmacist. The practice nurse told us they were currently working additional hours to assist the team.

Arrangements for GP annual leave was covered by locum GPs and other staff covered for one another within the team.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received basic life support training to prepare them in the event of a medical emergency.
- Both the main practice and the branch practice had some emergency equipment available to respond to emergencies and major incidents with the exception of an Automated External Defibrillator (AED) which provides an electric shock to stabilise a life threatening heart rhythm.
- Emergency medicines were held at each practice to treat a range of sudden illness that may occur within a general practice. All medicines were in date and stored securely. We saw that neither of the practices had medicine available to treat a person with severe or recurrent allergic reaction. In addition the branch practice did not have medicines available to treat nausea and vomiting, an epileptic seizure or medicines available to treat a person who had a sudden drop in blood sugar (hypoglycaemia). Following the inspection we received confirmation from the provider that all the recommended supplies of emergency medicines had been obtained for both practices by 9 August 2017.
- The practice had a comprehensive business continuity plan and risk assessment for major incidents such as power failure or building damage. The plan had been reviewed and updated in July 2017 and included emergency contact numbers for staff.

Arrangements to deal with emergencies and major incidents

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF was discussed at clinical team meetings held. The QOF results for the new organisation provider were not available. The 2015/16 QOF results for the former Adderley Green Surgery, based at Weston Street, showed the practice had achieved 99% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 97% and the national average of 95%. Their overall clinical exception reporting was 6.5%, which was comparable with the CCG rate of 5% and the national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 81%

compared with the CCG and the national average of 78%. The practice exception reporting rate of 10% was comparable to the CCG average of 9% and the national average of 12.5%.

- Performance for mental health related indicators was mainly comparable to the local CCG and national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 90% which was the same as the CCG average and comparable with the national average of 89%. However, the practice clinical exception rate of 0% was lower than the CCG average of 11.5% and the national average of 13%, meaning more patients were included.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 90%, which was higher than the CCG and national averages of 84%. The practice clinical exception rate of 0% was lower than the CCG and the national averages of 7%.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months, was 87%, which was higher than the CCG and national averages of 76%. The practice clinical exception rate of 0% was lower than the CCG average of 7% and the national average of 8%.
- The practice had 29 patients recorded with a learning disability. None of these patients had received an annual health assessment this year. However, there were plans to visit these patients in their own homes to carry out their reviews.

There was evidence of quality improvement including clinical audit:

- There had been 15 audits commenced in the last 12 months. Three of these were full cycle audits. However, the provider told us there was a planned programme of audits going forward. We saw improvements made were implemented and monitored in one of the completed audits we reviewed in detail.
- Findings were used by the practice to improve services patients' outcomes. For example, as a result of an audit

Are services effective?

(for example, treatment is effective)

carried out in the management of chronic gout patients, the number of patients taking allopurinol who had had their plasma urate checked had achieved significant improvement.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety awareness and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the pharmacist and the nurse practitioner had recently completed an independent prescribing course and the health care assistant had obtained a certificate in continued professional development specific to their role. A nurse practitioner was booked to attend a paediatric training course.
- Staff administering vaccines and taking samples for the cervical screening programme confirmed they had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of induction, appraisal, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, coaching and mentoring and facilitation and support for revalidating GPs and nurses. However, there was a lack of formal supervision arrangements in place for a nurse practitioner we spoke with. Most staff spoke with had received an appraisal within the last 12 months.
- Staff received training that included: equality and diversity, basic life support, safeguarding, fire safety awareness, and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis to review specific patients and actively work towards reducing the number of unplanned admissions in addition to reviewing care plans for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance and had received training in the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurses assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

- We saw patients had access to appropriate support, health screening and checks. These included new patient checks, NHS health checks for patients aged

Are services effective?

(for example, treatment is effective)

40-74 in addition to holistic 'Keep Well' health checks carried out by the practice nurse for patients aged 65 and over. The practice offered travel advice and vaccinations available on the NHS.

- Patients had access to health promotion information on the practice website, their social media page in addition to a health guide in the waiting area at the main practice.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the Clinical Commissioning Group (CCG) average of 79% and the national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. There was a system in place to follow up patients who did not attend for their cervical screening test to encourage them to attend for screening. Information regarding local cytology walk-in clinics was displayed in the main practice where no appointments were necessary.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 72% of female patients aged 50 to 70 years had attended screening to detect breast cancer in the last 3 years. This was the same as the CCG average of 72% and the national average of 72.5%.
- 59% of eligible patients aged 60-69 had been screened for symptoms that could be suggestive of bowel cancer in the last 30 months compared to the CCG average of 54% and the national average of 58%.
- The practice offered family planning advice including coil and implant insertion and removal.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds was 100%. In five year olds for both the first and second Measles, Mumps and Rubella vaccines the practice ranged from 90.5% to 95%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms in the main practice to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation rooms at the branch practice did not provide privacy curtains due to space constraints but doors were lockable.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could at times be overheard.
- There was a notice displayed in the waiting area at the main practice advising patients should they wish to speak to a member of staff in confidence they should advise the receptionist. Four patients shared concerns with us regarding conversations being overheard at the reception desk and in consultation rooms at the main practice, which we also observed at the reception desk. A patient had also expressed concerns in a review completed on NHS Choices. The practice manager told us they were awaiting the installation of a patient information and call screen which will help to alleviate the concerns raised.
- Patients could be treated by a clinician of the same sex for appointments booked in advance.

We received 41 completed CQC comment cards. Twenty two were very positive about the services experienced. Twelve contained mixed comments and seven contained negative comments about the services experienced. Although the mixed and negative comments mainly related to difficulties accessing the service, there were many positive comments relating to the care experienced and patients' privacy and dignity being respected.

We spoke with 12 patients who used the service, including three members of the Patient Participation Group (PPG). Although feedback was mixed most patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We reviewed the national GP patient survey results, which were published on 7 July 2017. The survey invited 299 patients to submit their views on the practice, 98 forms were returned giving a completion rate of 33%. Results showed patients felt they were treated with compassion, dignity and respect. The practice scores were higher than the Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GPs and were lower for nurse consultations. For example:

- 95% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 91% of patients said the GP gave them enough time, which was higher than the CCG and the national averages of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 86% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 83% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time compared to the CCG and the national averages of 92%.
- 86% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.

The survey also showed that 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%. The practice had developed an action plan to address the shortfalls to include extending nurse appointment times from June 2017 to allow extra time with patients.

Care planning and involvement in decisions about care and treatment

All but two of the patients we spoke with told us they felt involved in decision making about the care and treatment they received and felt listened to and supported by staff. Most patients said they had sufficient time during consultations to make an informed decision about the

Are services caring?

choice of treatment available to them. The majority of patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the National GP Patient Survey, published on 7 July 2017, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to the Clinical Commissioning Group (CCG) and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.

81% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.

- The provider had taken action to meet the requirements of the accessible information standard (the standard is a legal requirement which has been established to ensure that people who have a disability, impairment or sensory loss are issued information that they can access and understand, and any communication support that they need). For example, there was a hearing loop available and a

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 134 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The lead practice nurse was carer aware trained.

Information in times of bereavement was available on the practice website in addition to leaflets in the waiting area signposting patients to a local bereavement counselling support group. Letters of condolence were sent to bereaved families. Staff were informed of any deceased patients in clinical team meetings held to ensure they were kept up to date.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday evening until 8pm at the main branch for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and were triaged within an hour to help prevent hospital admissions. Home visits were also available for patients who had clinical needs which resulted in difficulty attending the practice.
- Children aged 12 and under were given priority access to appointments. If no appointments were available on the same day, GPs triaged each appointment request and decided whether they needed to see the child as an additional patient to their clinic.
- Patients were able to receive travel advice and vaccines available on the NHS.
- Patients could be seen at either location however, only one GP surgery was available at the branch practice on a Friday morning between 9am and 12 noon
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand.

Access to the service

Both the main and branch practices were open between 8.00am and 6pm Monday to Friday and 8am to 1.00pm on a Thursday. GP surgery times at the main practice were between 8.30am to 12.30pm and from 1.30pm to 5.30pm. Extended opening hours were offered between 6pm and 8.00pm on a Monday evening at the main practice. A GP surgery was held at the branch practice once a week on a Friday morning between 9am and 12 noon. Patients could access a range of nurse clinics provided at the main location throughout the week in addition to nurse clinics

on a Monday between 8.30am and 6pm and on a Tuesday between 9am and 2pm at the branch practice. Routine appointments could be booked in person, by telephone or on-line.

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

- 71% of patients said they could get through easily to the practice by phone compared with the CCG average of 67% and the national average of 71%.
- 78% of patients said the last appointment they made was convenient compared to the CCG and the national averages of 81%.
- 69% of patients described their experience of making an appointment as good compared to the CCG and the national averages of 73%.
- 83% of patients said they found receptionists helpful compared to the CCG average of 86% and the national average of 87%.
- 78% of patients were satisfied with the practice's opening hours compared with the CCG average of 79% and the national average of 76%.

The practice had undertaken an internal satisfaction survey in December 2016. Fifty patients were surveyed and shared their views to a number of questions asked in relation to GP and nurse consultation experiences, access and online services. Responses in relation to access to the service included:

- 88% of patients said they usually got to see the GP the same day.
- 83% of patients rated the practice's opening hours as good.
- 82% of patients surveyed provided a 'good' answer for being able to get through to the practice on the telephone.

Feedback gained through discussions held with a number of patients on the day of the inspection, CQC comment cards completed and reviews on NHS Choices showed patients experienced challenges in relation to the difficulties getting through to the practice by telephone and the availability of appointments. Some patients said they had to resort to visiting the practice in person to make an appointment due to the challenges experienced with

Are services responsive to people's needs?

(for example, to feedback?)

telephone access. The provider advised that since taking over the practice at Drayton Road on 1 April 2017, they had to work over two computer systems and experienced two periods of downtime in June 2017 when the clinical systems were merged. They were also left without a fully operational telephone system from 15 May 2017 until 28 June 2017 and had since installed a new system to improve patient contact. The provider acknowledged this had impacted on patient appointments as the practice had no live systems and no online booking systems available during this time but were able to facilitate the process without any workforce crisis and endeavoured to allay any patient concerns during this period. Following the continued concerns we shared with the provider on the day of the inspection, a meeting had been arranged with the local IT department.

The practice had taken on an additional four clinicians providing 47 clinical hours per week to meet patient demand and provide a more stable clinical team. These clinicians included a nurse practitioner, ANP and two pharmacists. The provider had carried out an audit of appointments from January to May 2017 over a response to concerns over reduced GP appointments following the takeover of Drayton Road and concluded more appointments were being provided than previously. The provider told us they found the repeat prescribing at Drayton Road to be unsafe when they took over the practice. The bulk of patients on repeat medication needed reviewing and the majority of the lead GPs time was taken up with this as well as running additional clinics purely for medication reviews. This situation had a big impact on the appointment rotas for both GPs and was still ongoing, but to a lesser degree. At the time of the inspection 188 GP appointments were available per week in addition to 139 nurse practitioner, 178 practice nurse appointments and 14 appointments with the health care assistant. The provider told us since the takeover of the Drayton Road practice they had 125 GP and 75 nurse practitioner appointments missed due to patients failing to attend for their appointment. The

practice had applied for extra funding for additional staff to help the practice stabilise, but had been advised on 6 September 2017 that their bid for additional clinical and non-clinical staff and equipment had not been successful.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A practice leaflet was available in the waiting area at both practices and on the practice website.

The practice had received six complaints in the last 12 months and had carried out an analysis of these complaints. We saw these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learned from individual concerns and complaints as a result to improve the quality of care. For example, a patient had complained as he was late for an appointment and the clinician had refused to see them. On investigation the clinician had free appointment slots available. Therefore clinicians were advised to show flexibility and check availability with other clinicians going forward.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a written mission statement with the aim to deliver modern evidence based high quality healthcare to the community the provider served. The mission statement was displayed within the practices and staff knew and understood the values.
- The practice had identified what they did well and their challenges and vision, for example, increased demand and patient expectations in addition to aiming to become a postgraduate teaching practice within 12months.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas for example, safeguarding, mental health and diabetes.
- Practice specific policies were implemented and were available to all staff on the practice computer system.
- A comprehensive understanding of the performance of the practice was maintained. Clinical team meetings were held monthly, in addition to practice meetings and reception team meetings which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, few of these were full cycle audits but the provider told us there was a planned programme of audits going forward.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the management team were approachable and always took the time to listen to all members of staff. Staff had experienced a number of changes since the takeover of the Drayton Road practice, an increase in the patient list size and changes in staffing in addition to the recent change of the clinical IT system. Staff we spoke with spoke positively about the support they had received from the management team throughout the process.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The management team encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings to monitor vulnerable patients.
- Staff told us the practice held team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes of meetings held were comprehensive and were available for practice staff to view. Complaints, significant events and safeguarding were standard agenda items.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported by the management team and were encouraged 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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG's from both practices had merged to form one group and had met once since the takeover of the Drayton Road practice.
- the NHS Friends and Family test, annual internal patient survey, complaints and compliments received and their social media page.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients. For example a range of clinicians had been employed and trained up to help meet patient demand and expectations for example, pharmacists and nurse prescribers. The use of technology was utilised to obtain advice from consultants within 48 hours to reduce secondary care referrals. The practice engaged with various external partners to include the GP Federation, NHS England and the Clinical Commissioning Group (CCG) and attended regular events.

The practice had approached and were engaging with NHS England Supporting Change in General Practice Team to undertake a review of practice processes including a full review of capacity and demand and will develop an action plan to introduce changes which will improve the resilience within the practice.