Littlewick Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Littlewick Medical Centre on 17 February 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice ensured that opportunities for learning were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Some clinical staff had undertaken additional training to enhance their skills and had developed areas of special interest to support them in taking lead roles within the practice.
- The practice used proactive methods to improve patient outcomes. For example, the practice ran dedicated child sessions alongside their immunisation clinics which enabled parents to interact whilst children could play and use other services such as infant weighing.
- Feedback from patients about their care, and their interactions with all practice staff, was generally positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and treatment.
- Patients said they generally found it easy to make an appointment with a GP with urgent appointments available the same day.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice was working with the local MP to set up a health and jobs fair for the local community.

Summary of findings

- Staff demonstrated a passion to engage with their patients and the wider community to promote health and wellbeing in addition to reducing social isolation. This was achieved by offering a wide range of services such as monthly coffee mornings for carers.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example changes had been made to the appointments system including the introduction of a new telephone system which had increased the call handling capacity of the practice and reduced call waiting times.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- The practice had a clear vision which had quality and safety as its top priority.

We saw several areas of outstanding practice including:

- The practice had designed and delivered a wide range of services and groups to promote the health and wellbeing of patients within the wider community to reduce social isolation. These groups included craft, knitting and bingo groups which were all held at the practice on a regular basis. Additionally groups and services were offered by the practice to promote healthier living. These included a falls prevention class and weekly walking groups.
- A system whereby the wounds of patients were attending for dressings were photographed. This enabled the practice to monitor healing and seek expert advice and assistance from the tissue viability team where this was required. Consideration was being given locally as to how this system could be rolled out more widely.
- Strong links had been developed with the local community and the practice involved people in the practice to promote health and wellbeing. For example, the practice was working with their local MP to support a jobs and health fair. In addition the practice had delivered informational talks to local schools. The practice director also sat on the advisory board for the local children's' centres.
- The practice had won a national award from the BMJ as Primary Care Team of the Year for work on an outreach project targeted at the vulnerable elderly. This involved work with social care and energy providers and focussed on ensuring that patients were living in healthy environments.

However there were areas of practice where the provider should make improvements:

- Review arrangements in place to ensure patient groups directions are always completed in full to confirm that the practice has adopted the direction.

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.

- There were effective systems in place to report and record significant events. Staff understood how to report incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice. The practice were open to seeking support from external experts to review significant events. For example, following an unexpected death of an elderly patient the practice invited support from the local psychiatrist for older people to assist them in undertaking a review of the death.
- When there were unintended or unexpected safety incidents, patients were offered support, information and explanations. Apologies were offered where appropriate and patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the practice needed to strengthen arrangements in place to ensure all patient group directions were signed by relevant staff as required.
- Risks to patients were assessed and generally well managed.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. The practice had undertaken over 20 clinical audits, with eight full cycle audits, in the last two years to review and improve performance.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. The practice had achieved 99.7% of the total number of points available for the Quality and Outcomes Framework (QOF). This was above the CCG average of 95.4% and the national average of 94.7%. The practice had an exception reporting rate of 8.9% which was in line with local and national averages.

Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes such as offering opportunities for parents and children to attend weekly sessions run alongside the immunisation clinic where parents could interact and children could be weighed.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Feedback from the care coordinator attached to the practice was very positive about the level of engagement and commitment demonstrated by the practice.
- Staff had a wide range of skills and knowledge and used these to deliver effective care and treatment.
- The practice maximised resources and opportunities to promote healthier lifestyles for patients through initiatives such as walking groups and falls prevention classes. Falls classes had been attended by 19 patients since their inception in summer 2015, of those who attended, none had been admitted to hospital as a result of a fall. Walking groups were run from the main surgery and the branch site with 12 to 14 regular attendees at the main surgery and an average of 18 at the branch surgery.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line with others for most aspects of care. For example, 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice

delivered an anticoagulation service that was available to any patient in Erewash CCG. The service was provided to over 1000 patients and was accessible from two locations or provided to patients in their own homes where required.
- The practice had made recent changes to their appointment system in response to challenges patients experienced in accessing appointments. For example, a new telephone system had been introduced in 2015.
- We saw that the practice was responsive to feedback from patients and to GP patient survey data. Detailed analysis of patient survey data was undertaken on a regular basis and was used to inform planning.
- Recruitment was underway for additional GP and nursing staff to increase the availability of appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice offered and hosted a wide range of additional services to help meet the needs of their patients and the wider population. For example, the practice hosted weight management and audiology services.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

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

- The practice had a clear vision with quality and safety as its top priority. Plans to deliver this vision were regularly reviewed and discussed with staff and members of the patient participation group (PPG).
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice demonstrated a comprehensive understanding of their performance with detailed monthly and annual reports being produced and interrogated to identify areas for improvement. For example, reviews of monthly reports had highlighted patients who attended the practice most regularly and enabled them to implement strategies to improve the health of these patients more quickly.
- There was constructive engagement with staff and a high level of staff satisfaction.
- The practice communicated with patients using a range of tools including newsletters, information boards and social media. The practice sought to engage with patients and the

community more widely to promote health and wellbeing and reduce levels of social isolation. This was achieved through a wide range of initiatives including a weekly craft group, monthly bingo and knitting groups and a monthly carers coffee morning.

- The practice had a very active patient participation group (PPG) which influenced practice development. For example, the PPG had been involved in making suggestions for improvements to the appointment system. In addition the PPG ran the weekly craft sessions and had raised funds for an occupational therapist to support these sessions.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered weekly falls prevention classes. These had been attended by 19 patients since they commenced in July 2015. None of these patients had been admitted to hospital as a result of a fall since attending the classes.
- The practice had won national awards for work on an outreach project targeted at the vulnerable elderly. This involved work with social care and energy providers and focussed on ensuring that patients were living in healthy environments. The practice had been working since last year to restart this project and produced an information video for patients to give advice about keeping safe and well at home. Visits were undertaken to see people at home and the video was played using an electronic tablet device.
- The practice undertook daily home visits for patients who needed these.
- GPs, the practice pharmacy technician and the CCG pharmacist met regularly with care home staff to undertaken medication reviews for patients and discuss any changes required.

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 as a priority.
- Performance for diabetes related indicators was 97.7% which was above the CCG average of 90.2% and the national average of 89.2%. Exception reporting for diabetes related indicators was 10.9% which was similar to the CCG average of 11.8% and the national average of 10.8%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- 73.4% of patients diagnosed with asthma had an asthma review in the last 12 months which was 1.5% above the CCG average and 3.7% above the national average.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Feedback from the care coordinator attached to the practice was extremely positive about the level of communication and engagement demonstrated by the practice.
- The practice provided an anticoagulation service to its own patients and to patients across the CCG area who wished to access it. This service was delivered to over 1000 patients and was accessible from two locations or delivered at home as required.

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.
- Immunisation rates were relatively high for all standard childhood immunisations and attendance was encouraged through child sessions which were run alongside the immunisation clinics. These sessions enabled parents to interact and socialise whilst children played and could be weighed.
- The practice had a dedicated team of staff responsible for safeguarding. The team included a GP, nurse, the practice director and members of administrative staff. They met regularly with attached health and social care professionals to discuss and review children at risk. The practice director liaised externally with the local children's centres to promote links.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was a dedicated child room which had been appropriately decorated and had a range of toys and books for children.

Summary of findings

- The practice had established links with local schools and had delivered talks to year eight pupils over the last three years to promote the HPV vaccine. Although this vaccine was now being delivered in schools, the practice were seeking to engage with younger people and had plans to introduce a teenage health drop in clinic.

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.
- Patients could access support from doctors and nurses via the telephone and the practice offered some appointments outside of core hours where required to meet the needs of this population group.
- The practice was proactive in offering online services as well as a full range of social and health promotion and screening that reflects the needs for this age group.
- The practice was seeking to increase its use of technology and had installed a touchscreen tablet device in the reception area to enable patients to access health information. In addition the practice had a presence on social media and used this to communicate with patients about service delivery issues.
- The practice website had a comprehensive range of self-help and health promotion information.
- Two GPs within the practice offered a contraceptive implant fitting service.

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 homeless people, carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and for those who required them.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The community trust employed care coordinator was based in the practice and reflected positively on their relationship with the practice and the benefits this brought to patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. In addition the practice offered a range of groups and services to support people whose circumstances may make them vulnerable including: Weekly craft and social groups facilitated by the PPG and an occupational therapist for people who may be at risk of isolation; Monthly bingo sessions held at the practice and accessible to patients and members of the community and;Monthly carers coffee mornings held at the practice and were accessible to both patients and members of the wider community.
- 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 and how to contact relevant agencies in normal working hours and out of hours.

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).

- 91.6% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 6.3% above the CCG average and 7.6% above the national average.
- 96.7% of patients with a mental health condition had a documented care plan in place which was 5.1% above the CCG average and 8.4% the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Patients with mental health conditions were invited to attend groups within the practice such as the craft and chatter group to reduce social isolation.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published January 2016. The results showed the practice was performing in line with local and national averages for most indicators. A total of 282 survey forms were distributed and 102 were returned. This represented a response rate of 36% and 0.66% of the total practice population.

The results showed:

- 60% of patients found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 85% of patients were able to get an appointment the last time they tried compared to a CCG average of 87% and a national average of 85%.
- 81% of patients described their overall experience of their GP surgery as good compared to a CCG average of 86% and a national average of 85%.
- 75% said they would recommend the practice to someone new to the area compared to a CCG average of 78% and a national average of 78%.
- 79% of patients were satisfied with the practice's opening hours compared to a CCG average of 76% and a national average of 75%.
- 96% of patients said the last appointment they got was convenient compared to a CCG average of 92% and a national average of 92%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care and treatment received. Patients highlighted kind and helpful staff within the practice. Six of the 41 comment cards referenced difficulties in getting through to the practice by telephone or in respect of accessing non-urgent appointments.

We spoke with seven patients and four members of the patient participation group (PPG) during the inspection. The majority of patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some patients referenced the challenge of getting through to the practice and waiting time to access routine appointments.

Areas for improvement

Action the service SHOULD take to improve

- Review arrangements in place to ensure patient groups directions are always completed in full to confirm that the practice has adopted the direction.

Outstanding practice

- The practice had designed and delivered a wide range of services and groups to promote the health and wellbeing of patients within the wider community to reduce social isolation. These groups included craft, knitting and bingo groups which were all held at the practice on a regular basis. Additionally groups and services were offered by the practice to promote healthier living. These included a falls prevention class and weekly walking groups.
- A system whereby the wounds of patients were attending for dressings were photographed. This enabled the practice to monitor healing and seek expert advice and assistance from the tissue viability team where this was required. Consideration was being given locally as to how this system could be rolled out more widely.
- Strong links had been developed with the local community and the practice involved people in the practice to promote health and wellbeing. For example, the practice was working with their local MP to on how they could improve community health and

wellbeing. In addition the practice had delivered informational talks to local schools. The practice director also sat on the advisory board for the local children's' centres.

- The practice had won a national award from the BMJ as Primary Care Team of the Year for work on an outreach project targeted at the vulnerable elderly. This involved work with social care and energy providers and focussed on ensuring that patients were living in healthy environments.

Littlewick Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

Background to Littlewick Medical Centre

Littlewick Medical Centre provides primary medical services to approximately 15356 patients through a general medical services contract (GMS). This equates to around 15% of the population of the clinical commissioning group (CCG) area. The practice is located in the town of Ilkeston within the borough of Erewash. The town is close to both Nottingham and Derby. The practice has a long history in the area dating back to 1920, and has occupied its current purpose built premises since 2010. The practice has a branch surgery located in West Hallam.

The level of deprivation within the practice population is similar to the national average with income deprivation affecting children and older people marginally below the national average.

The clinical team comprises 11 GPs (nine GP partners and two salaried GPs; seven female and four male), eight practice nurses, three healthcare assistants and a phlebotomist.

The clinical team is supported by a full time practice director, a team manager, a systems manager and reception and administrative staff.

The practice opens from 8am to 6pm Monday to Friday with telephone lines open until 6.30pm. Consulting times are usually from 8.30am to 11.30am and from 2.30pm to 5.30pm. The practice offers some appointments outside of these times in the mornings and evenings to facilitate access for patients who work or find it difficult to access the practice during the day. The branch surgery opens from 8.30am to 12.30pm Monday to Thursday and from 2.30pm to 5.30pm on Fridays. Appointments for the main surgery and the branch surgery are booked via a central booking line.

The practice is an approved teaching and training practice for medical students, nursing students and GP registrars. (A GP registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice)

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU).

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 February 2016.

During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice director, the team manager and a range of administrative and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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.

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.

Good

Are services safe?

Our findings

Safe track record and learning

There were effective systems in place to support staff to report and record significant events.

- There were recording forms available on the practice's computer systems which were completed by staff members and staff told us they would also inform management or a GP partner.
- The practice carried out a thorough analysis of the significant events. Meetings to discuss significant events were held on a regular basis. Staff were invited to these meetings to share learning as required. Comprehensive minutes of these meetings were shared with staff and learning was captured in a learning log which aided the practice in identifying any themes of trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. In addition the practice demonstrated an open approach to asking for external help and guidance. For example, following a significant event which involved the unexpected death of an elderly patient the practice invited in their local psychiatrist for old age patients to assist in a review of the event.

When there were unintended or unexpected safety incidents, patients were offered support and explanations. Apologies were offered to patients where appropriate and they were told any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse which reflected local pathways and relevant legislation. Policies and procedures related to safeguarding were easily accessible to all staff and these outlined who to contact if staff needed guidance or had concerns about a patient's welfare. The practice had a dedicated team of staff for safeguarding which included a lead GP, a nurse, the team manager and a member of administrative staff. In addition to maintaining comprehensive patient records the practice had an additional database to support their safeguarding work. Internal safeguarding meetings were held regularly and the practice had worked to expand the level of multidisciplinary attendance to include health visitors, school nurses and midwives. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs were trained to Safeguarding level 3. The practice director sat on the local advisory board for local children's centres.
- Notices in the waiting area informed patients that chaperones were available if required. Staff who acted as chaperones had undertaken training for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable)
- We observed the practice to be clean and tidy and saw that systems were in place to ensure appropriate standards of cleanliness and hygiene were maintained. There were cleaning protocols and schedules in place. A practice nurse was the infection control clinical lead and they liaised with local infection prevention leads to keep up to date with best practice. There was an infection control policy and protocol in place which was supported by an infection control mission statement. Training had been provided for staff at a level relevant to their role. Regular infection control audits were undertaken and action plans were produced to ensure action was taken to address any identified areas for improvement. In addition the practice maintained an infection control rolling action plan to monitor progress in respect of any ongoing issues.
- Arrangements for managing medicines, including emergency medicines and vaccinations, in the practice were generally robust (including obtaining, prescribing, recording, handling, storing and security); however, there were areas where improvements needed to be made. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines. Blank prescriptions were securely stored and there were systems in place to monitor their use. Some of the nurses had qualified as Independent

Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation; however it was identified that not all Patient Group Directions had not been signed by a relevant person to confirm the practice's adoption of the direction. This was rectified during the inspection.

- We reviewed five personnel files. These were well organised and we found appropriate recruitment checks had been undertaken for staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- There were procedures in place to monitor and manage risks to patient and staff safety. The practice had a health and safety policy which was accessible to all staff. Regular fire drills were carried out and the practice had up to date fire risk assessments. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as 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).
- Arrangements were in place to plan and monitor the number of staff and the skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Administrative and reception staff were rotated through key roles to ensure they could provide effective cover.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition there were panic buttons in clinical and treatment rooms to enable staff to summon assistance if required.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies of the plan were held off site. The plan included emergency contact numbers for key staff and suppliers.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Staff had regular meetings where changes and updates were discussed. Weekly meetings involved registrars working at the practice and current topics and recent changes to guidelines were regularly discussed.
- The practice monitored that these guidelines were followed through audits and 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). The most recently published results showed the practice had achieved 99.7% of the total number of points available. This was above the CCG average of 95.4% and the national average of 94.7%. The practice had an exception reporting rate of 8.9% which was in line with the CCG and national averages. (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). This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/2015 showed;

- Performance for diabetes related indicators was 97.7% which was above the CCG average of 90.2% and the national average of 89.2%. Exception reporting for diabetes related indicators was 10.9% which was similar to the CCG average of 11.8% and the national average of 10.8%.
- The percentage of patients with hypertension having regular blood pressure tests was 90.3% which was above the CCG average of 85.5% and the national average of 83.6%. Exception reporting for this indicator was similar to the CCG and national average.
- Performance for mental health related indicators was 100% which was above the CCG average of 93.9% and the national average of 92.8%. The practice's exception reporting rate for mental health was noted to be above the local average at 17.2% compared with 13.6%; however, we were assured that the practice was following guidance in respect of exempting patients.
- The percentage of patients with hypertension receiving regular blood tests was 90.3% which was 4.7% above the CCG average and 6.7% above the national average. This was achieved with an exception reporting rate of 3.2% which was the same as the CCG rate and 0.6% below the national rate.

Clinical audits demonstrated quality improvement.

- There had been over 20 clinical audits completed in the last two years. Eight of these were completed audits where the improvements made were implemented and monitored. For example the practice had undertaken an audit to consider their management of patients with hypertension. Re-audit was undertaken following changes in management including increased use of healthcare assistants to take blood pressure readings and home readings from patients. Re-audit demonstrated improvement in the management of patients with hypertension. For example, the percentage of patients with a blood pressure reading of 140/90 or less had increased from 72% to 77%. Additionally the practice considered their performance against national statistics and this demonstrated they were performing well.
- The practice participated in local audits and benchmarking. For example, the practice had participated in a local audit to review the deaths of adults within the community. This highlighted improvements that the practice had made including having more patients with a preferred place of death recorded and an increase in the number of patients having a RightCare plan (plans devised by the patient and the healthcare professional and kept on a database

by the out of hours care provider) in place. In addition it was identified that there had been an increase in the use of anticipatory medicines for those patients on the palliative care register.

- We saw that the practice linked clinical audits to significant events and information about safety. For example, the practice had undertaken an audit following the identification of an instance where appropriate action had not been taken in response to a low vitamin B12 level.
- Future audits were planned through discussion at clinical and partners' meetings.
- Information about patients' outcomes was used to make improvements. For example, a review of patients who attended the practice most regularly identified that these patients were often attending for dressings. The practice considered how they could enable these patients to get better more quickly and how their processes could be improved. With involvement from their nurses and healthcare assistants a new template was developed. This recorded the appearance of wounds using photographs and a sterile tape measure. Information was stored on the patient's record and remote advice and assistance was sought from the tissue viability team where this was required. The practice told us that this had been used with over 20 patients to date and reported benefits of increased continuity of care and earlier intervention from the tissue viability service where this was required. Consideration was being given locally as to how this system could be rolled out more widely.

The practice delivered a local anticoagulation service (a monitoring service for people taking oral anticoagulants) for over 1000 patients. This could be accessed by patients from any practices. Sessions were delivered at two different locations across the week and over a third of the patients were regularly seen at home. The service had its own telephone number and dedicated software to facilitate its effective running. Measures to establish the quality of anticoagulation control showed that the service was performing well with 76% of patients having a TTR (time in the therapeutic range) in excess of 65%.

There was positive engagement with the local CCG medicines team to review rates of prescribing and to optimise the use of medicines. Additionally the practice had chosen to employ a prescribing technician who dealt with medication and prescription queries from patients.

The practice had adopted a team approach to medication reviews for patients in care home settings. For example, in order to review the medication of patients at a local care home, two GPs met with the care home manager and deputy manager along with the CCG pharmacy technician and the practice's prescribing technician. The practice was on target to be one of three in the CCG area to achieve an underspend on its prescribing budget for 2015/16 of 1.23% versus a CCG predicted overspend of 4.7%.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Reception and administrative staff had been trained in a number of areas to assist with cover when colleagues were absent from work due to illness or holiday. Additionally the practice designated one member of staff each day as a runner. This role rotated amongst staff on a daily basis. The runner was allocated to support clinical staff by undertaking tasks as directed. As the runner was not expected to take telephone calls this ensured that the was always someone available to offer support to clinical staff without a direct impact on another area of work.
- The practice ensured that staff received role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for cervical screening had received specific training which had included an assessment of competence. Staff who administered vaccinations 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.
- Learning needs of staff were identified through a system of appraisals, 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 during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the practice's patient record system and computer system.

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

Staff worked together effectively with other health and social care services to understand and meet the needs of patients 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. The practice had a full time attached care coordinator who was based within the practice. This facilitated effective and timely communication to ensure support was in place for the patients with the most complex needs. The care coordinator acted as the point of contact for attached services and support organisations. Multidisciplinary meetings were held on a fortnightly basis to discuss patients at risk of admission to hospital. These were attended by a wide range of health and social care professionals including GPs, district nurses, community matrons and social workers. Feedback from the care coordinator about the practice was extremely positive. They told us the practice was well engaged and had a team approach to the role of the care coordinator with members of staff across the practice contacting them for guidance.

The practice provided services to patients in four local care homes. Feedback from care home staff was positive about the level of service received from the GPs.

Consent to care and treatment

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

- Staff understood the consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, 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 practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through regular audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Waistwise exercise classes offered by the Derbyshire Healthy Lifestyle Programme were hosted by the practice and patients could be referred via any member of clinical staff.
- The practice had a walking group who met weekly at the practice and was regularly attended by 12 to 14 people. Walks were led by qualified walk leaders and the practice provided a room and refreshments for the group following the walk. Feedback from members demonstrated increased social interaction in addition to benefits of exercise. Additional walks were run from the branch surgery which were longer and over more challenging terrain and around 18 people attended this group each week.
- The practice hosted audiology services and encouraged their patients to attend for screening, for example through their carers group.

Data from the National Cancer Intelligence Network showed the practice's uptake for the cervical screening programme was 78.1%, which was comparable to the CCG average of 79.7% and above the national average of 74.3%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and data showed uptake rates were in line with the CCG averages and above the national averages.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.9% to 99.4% and five year olds from 87.7% to 97.4%. Clinical staff telephoned the parents of children who did not respond to requests to attend for vaccinations. Additionally the practice offered parent and child sessions on a weekly basis alongside the immunisation clinic which could be accessed by anyone. These were set in a dedicated area of the practice with play facilities for children and offered parents the opportunity to interact as well as having their children weighed.

In addition to hosting exercise classes the practice provided weekly falls prevention classes. These were attended by around seven people each week with patients moving on to other groups as their mobility improved. The classes commenced in July 2015 and 19 people have attended to date. Of the 19 attendees none have been admitted to hospital for falls since attending the classes. Patients have reported that their mobility has increased as a result of attending the classes.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we saw that staff treated patients in a friendly and polite manner. The practice had measures in place to help patients feel comfortable and to maintain their privacy and dignity. These included:

- Curtains were provided in consulting rooms and were used to maintain privacy and dignity during sensitive examinations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they found the practice staff caring and helpful and they were treated them with dignity and respect.

We spoke with four members of the patient participation group and seven patients. They told us they were generally satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients provided specific examples of how they had been supported following events such as bereavements.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally in line with local and national averages for its satisfaction scores on consultations with GPs and nurses and interactions with reception staff. For example:

- 82% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 85% and the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and the national average of 97%.
- 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%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about the treatment available to them. Patient feedback on the comment cards we received was positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for consultations with GPs. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

The practice's performance was less positive in respect of interactions with nurses. For example:

- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

We saw evidence that the practice had undertaken a detailed analysis of the GP patient survey data. Staff told us that there had been issues with vacancies within the nursing team in addition to a number of other staffing

Good

Are services caring?

changes over the last six months. The practice was actively seeking to increase the number of practice nursing hours as well as training healthcare assistants to develop competencies in order to provide more clinical capacity.

Staff supported patients and worked in partnership with them to ensure they received the services they needed. For example, a patient with cerebral palsy told us about the persistence and dedication of her GP in working to secure her support including physiotherapy. This enabled the patient to continue working and exercising and to avoid using a wheelchair. As a result of their gratitude to the practice the patient undertook activities to raise funds for the patient participation group (PPG).

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included groups run by the practice on the premises and external support organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 149 carers which was equivalent to 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice had two dedicated carers champions who facilitated monthly carers coffee mornings which were attended by the local carers association and an average of 16 carers at each meeting. Speakers were invited to talk to the group on subject such as dementia and legal matters. The coffee mornings were available to anyone in the area and had been running since 2012.

Staff told us that if families had experienced bereavement, their usual GP contacted them where appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. On occasion staff attended funerals for patients where the patient was well known to them and this had been requested by the family.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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. For example, the practice delivered an anticoagulation service that was available to any patient in Erewash. (Anticoagulation services monitor and manage patients who take oral anticoagulant drugs) The practice worked closely with patients to ensure that compliance was achieved and that the service was delivered flexibly at a time and place that suited the patient. The practice delivered this service to over 1000 patients across two sites. Over one third of the patients receiving the service were visited at home. The service had received no complaints in the last year and no patients required a referral back to secondary care.

In addition:

- The practice offered extended hours opening one morning and one evening per week. Appointments were available during extended hours sessions with GPs, nurses and healthcare assistants to facilitate access for working people for all practice services.
- There were longer appointments available for patients with a learning disability and for those who required them.
- Home visits were available for older patients and patients who would benefit from these. The practice had a dedicated visiting GP each morning who was accompanied by a driver to ensure home visits were timely and efficient using a laptop to access patient notes.
- Same day appointments were available for children where appropriate and for those with serious medical conditions.
- Parent and child sessions were offered alongside child immunisation clinics to promote interaction between parents and children, to enable children to be regularly weighed and to help them feel at ease in the practice.
- There were facilities available for disabled patients including a lowered reception desk and disabled access toilets. The practice had a hearing loop.
- Staff told us that translation services were available for patients who did not have English as a first language. Staff were looking at using technology to improve communication where English was not their first language. For example GPs were working with patients to use online translation functions to avoid delays in waiting for interpreters. Additionally the reception desk had a tablet that patient could use to type what they needed into a translation application to improve immediate understanding of their requirements.
- The practice website had variable text size options and an inverted colour function to make text easier to read.
- Patients could access services offered by the Citizens Advice Bureau within the practice by appointment.
- Minor surgery was offered for patients of the practice to avoid the need to attend hospital.
- The practice offered an audiology service which aimed to identify and assess hearing function and associated disorders and provide appropriate therapy.
- In addition to hosting a weight management clinic and walking group, the practice offered a weekly falls prevention class delivered by a professional instructor.
- Patients could access foot care services at the practice once a month.
- Two GPs within the practice had a special interest in substance misuse and provided shared care services for patients. in the past 18 months services had been provided to 44 patients some of whom were registered with other services in the area.
- The practice was the base for the CCG diabetes service which one of the partners had been involved in developing and educational classes were run from the premises.
- Work had been undertaken by the practice in conjunction with other services in the area to identify vulnerable elderly people locally. It was then arranged for visits to be undertaken to ensure that they had the necessary support in place and were living in a healthy home environment.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 2.30pm to 5.30pm each afternoon. Extended surgery hours were offered on Monday evenings from 6.30pm to 7.30pm and on Tuesday mornings from 7am until 8am. Extended hours appointments were available with GPs, nurses and healthcare assistants. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 60% of patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and the national average of 73%.
- 39% of patients said usually got to see or speak to their preferred GP compared to CCG average of 53% and the national average of 59%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them but that there could be a longer wait for routine appointments.

Patients told us that it could be difficult to get through to the surgery by telephone and that there was sometimes a long wait for routine appointments with a doctor of their choice. The practice demonstrated that they had reviewed the GP patient survey data in detail and reflected it represented a very small proportion of their patient list at 0.66%. The practice told us they had invested in a new telephone system last year and that, following some initial problems; this was now ensuring they had more capacity to deal with incoming calls that were generally increasing by 20% each year. A new appointment system had also been introduced by the practice last year to include telephone triage of patients. The practice told us it was taking time for patients to become familiar with the new system. We saw that the practice had tried to ensure the changes to the appointment system were well communicated using methods including the practice newsletter, patient leaflet and the practice website. Additionally the practice had recently experienced some unexpected clinical staffing shortages which had impacted on its availability of pre-bookable appointments.

Listening and learning from concerns and complaints

The practice had effective systems in place in manage complaints and concerns.

- Its 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 that information was available to help patients understand the complaints system including leaflets and posters.

The practice had 33 complaints from April 2015 to March 2016. We found that people making complaints had received timely responses with explanations and apologies where appropriate. The practice had robust processes in place to ensure that lessons were identified from complaints and that learning was shared widely with staff. For example, a patient complained about the management their condition and the time it was taking for the patient to heal. The practice reviewed the patient's care and held a meeting with the patient. The practice offered the patient explanations and apologies that referrals were not made sooner. The practice identified learning from the complaint around clear communication within the nursing team and with the patient.

Are services well-led?

Outstanding ☆

(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 documented vision and mission statement which outlined the aspirations and aims of the practice. The practice's vision to deliver high quality, accessible care was shared with patients via the practice leaflets and the website.
- Staff knew and understood the values which focussed on providing the best possible patient care. The practice used their practice based learning sessions to reinforce the vision and mission and the importance of each individual staff member in delivering it.
- The practice had robust plans in place which identified areas where they needed to take action and timescales for completion. Progress against identified actions was regularly monitored through management and quarterly partners' business meetings.
- We saw evidence that the practice had plans in place to maximise the use of their premises. This included initiatives such as plans for a café which would be a focal point for a range of education sessions and materials.

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 in place and ensured that:

- There was a clear staffing structure which was outlined in an organisational structure chart. Staff were aware of their own roles and responsibilities and knew who to speak to if they required support or guidance.
- Practice specific policies were implemented and were available to all staff as hard copies of via the practice's computer system. Policies were regularly reviewed and updated to ensure they remained relevant and appropriate.
- A comprehensive understanding of the performance of the practice was maintained. The practice director produced monthly performance reports for the partners which were reviewed at regular meetings. We saw that the practice maximised the use of their systems and the available data they could provide to review their performance. For example, the practice comprehensively audited areas of performance such as patient waiting times and missed appointments on an ongoing basis to look for ways in which improvements could be made. This enabled them to assess the impact of any changes which were made.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. The practice had conducted over 20 clinical audits in the last two years to review their performance and identify areas where improvements could be made. We saw that audits were relevant and linked to areas where a need for improvement had been identified. For example, audits had been undertaken in response to significant events and medicines alerts.
- There were robust arrangements to identify, record and manage risks, issues and implement mitigating actions.

In addition to formal weekly meetings, the practice GPs met twice a day informally to afford them the opportunity to discuss individual cases and to offer additional support to GP registrars. In addition to this GPs registrars had twice daily debriefs where their cases and referrals were discussed.

Leadership and culture

The partners and the management team in the practice had the experience, capacity and capability to run the practice and ensure high quality care. A number of the partners had additional qualifications and special interests in a range of areas. For example, two GPs had a special interest in substance misuse providing shared care for patients. In addition one of the experienced GP partners had the Diploma in Geriatric Medicine.

Staff across the practice worked together to prioritise safe, high quality and compassionate care. The partners and management were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

We saw that the practice was passionate about engaging with the local community and to promote the health of different population groups. For example, the between 2012 and 2015 the practice had given talks to pupils in local schools. This had started with talks about the importance of vaccinations against the human papilloma virus (HPV) (HPV is the name for a group of viruses that affect the skin and the moist membranes lining the body) and was

Are services well-led?

Outstanding ☆

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

extended to introduce topics of sexual health. As cervical cancer vaccinations are now undertaken in schools, the practice were looking at others mechanisms to engage with younger people including drop in teen health clinics.

In addition the practice designed and delivered additional services and groups to benefit the health and wellbeing of their patients and the community through promoting health and reducing social isolation. Services and groups included:

- Craft and chatter; a weekly craft and social group for people who might otherwise be socially isolated
- Exercise and falls prevention classes
- Walking groups run from the main surgery and the branch surgery on a weekly basis
- Monthly carers coffee mornings which were open to patients and members of the wider community
- Monthly bingo sessions targeted at lonely and isolated people which were open to patients and members of the local community
- A new social group had recently been set up called Knit and natter and was aimed at people wanting to interact and learn about knitting.

When there were unexpected or unintended safety incidents:

- People affected were offered support and information and given apologies where appropriate.
- Written records of verbal interactions were maintained as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings with different staffing groups having their own dedicated meetings in addition to the practice coming together at protected learning time events.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the partners and the management within the practice. All staff were involved in discussions about how to run and develop the practice, and the partners and management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met approximately every six weeks. These meetings were attended by a manager from the practice as well as one of the GP partners. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been instrumental in setting up and running initiatives such as the Craft and Chatter group. The Craft and Chatter group had 10 to 12 regular attendees who ranged in age from 25 to 80. The group was open to patients who might otherwise be isolated due to their health. The PPG had worked to raise money and apply for grants to fund a qualified occupational therapist to assist in running the group.
- In addition to the Craft and Chatter group the PPG had been involved in setting up a foot care service for patients called tootsies. The PPG had raised money to provide this service at a reduced cost for a number of patients.
- A board was displayed in the waiting area to let patients know about changes that had been made as a result of feedback.
- The practice sought to engage with patients via its website and an increasing presence on social media which it used to communicate key messages about service delivery.
- A regular newsletter was produced by the practice for patients to ensure they were informed of changes and news in addition to promoting groups and services.
- The practice had gathered feedback from staff through staff meetings, general discussions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

Are services well-led?

Outstanding ☆

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

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. In addition to the design and delivery of a number of services to promote health and wellbeing the practice had received national recognition and awards for an outreach project to support the vulnerable elderly. This project involved the identification of vulnerable elderly people in the area and arranging for visits to be undertaken to ensure that they had the necessary support in place and were living in a healthy home environment. Work on this project continued and the practice had recently produced a new information video which would be shown to patients on these visits. From 150 letters recently sent to patients, 18 visits had been conducted and 11 people had accessed new services. Help included arrangements for home visits for asthma checks, booking patients for medication review, support with access to new boilers, help with energy debt and benefits.

The practice was outward looking and sought opportunities to learn and engage. For example, there was a focus on continued learning and professional development with two of the GP partners recently having been nominated and accepted as Fellows of the Royal College of GPs.

Three members of the practice staff, a nurse, GP and members of administrative staff had been recognised as NHS Heroes in recognition of the services they provided to patients.

The practice had built strong links with their local MP and were involved with working with them on improving community health. The practice told us they were using this link to help highlight issues facing primary care in the local area.