

# The Swan Practice

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of The Swan Practice on 27 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- 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 vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- 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 (PPG).

# Summary of findings

- The practice had an effective governance system in place, was well organised and actively sought to learn from performance data, incidents and feedback.
- The leadership and culture within the practice were used to drive and improve the delivery of high-quality person-centred care.

We saw several areas of outstanding practice including:

- The practice had excellent access to appointments and could demonstrate the impact of this by reduced use of secondary care services (specifically accident and emergency and out of hours GP services) and positive patient survey results.
- The nurse team leader had recently been made a Queen's Nurse. A Queen's Nurse is someone who is committed to high standards of practice and patient-centred care. The Queen's Nurse Institute supports innovation and best practice, in order to improve care for patients. The title is available to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice. This award reflected the work of the nurse team leader whose smoking cessation clinics resulted in a high success and cessation rate.
- There was a specific designated GP point of contact for the four care homes, three schools and the university which the practice provide GP services for. Contact details of the designated GP were shared with the relevant staff, patients and their families, enabling continuity of care and quick access to the right staff at the practice.
- The practice had a very active patient participation group (PPG) and actively used social media to work directly to improve patient and practice communications. Communication via a popular social media medium was updated daily and included updates including new clinic times, responses to health related news articles and the Care Quality Commission inspection details.
- The practice had reviewed the different types of appointments available and how they were accessed via the appointment system. The practice and PPG created an appointment committee to complete a full 360 degree detailed audit of the appointment system ensuring there is the correct balance of availability for acute and chronic conditions across the whole patient list. The appointment committee was a group comprising of patients and staff.
- The practice were aware of lone elderly patients who were vulnerable, and without request would make regular home visits to check on their welfare. GPs carried out home visits to older patients presenting with more urgent health needs and the practice provided GP services to the community hospital; completing ward rounds five times each week.

However there were areas of practice where the provider needs to make improvements. Importantly the provider should:

- Ensure all staff are up to date with mandatory training.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.

Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. The premises and equipment were clean, hygienic and well maintained.

The practice had robust arrangements in place to respond to emergencies and other unforeseen situations such as the loss of utilities.

Good



### Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.

Quality and Outcomes Framework (QOF) data available to us showed that the practice was higher than national (94.6%) and local Aylesbury Vale Clinical Commissioning Group average (95.1%) achievement levels. In 2014, the practice scored 98.9%, we saw the practice had a comprehensive plan to manage, monitor and maintain high performance of patient outcomes. All staff we spoke told us they were driven by improvement and improving outcomes for all patients.

The practice used social media to reach out to its patient community. This popular social media service was updated daily by one of the GPs which kept patients and the local community informed of what was happening within the practice. This easy to access, free website also informed patients about health promotion initiatives.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to other local

Good



# Summary of findings

practices for several aspects of care. Feedback regarding care from 23 patients (in person or writing) was positive and all four of the local care homes we spoke with prior to the inspection praised the practice for the high level of care provided, including end of life care.

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. The practice had good systems in place to support carers and patients to cope emotionally with their health and conditions.

Support was available at the practice and externally for those suffering bereavement or that had caring responsibilities for others.

We saw that staff were respectful and polite when dealing with patients, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team, Aylesbury Vale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations.

Patients told us it was easy to get an appointment with a named GP or a GP of choice. There was continuity of care and urgent appointments were available on the same day. Information from the national GP patient survey reflects this, patients said they found it easy to get through to the surgery and make an appointment. For example:

- 83% of patients found it easy to get through to the surgery by telephone which is significantly higher when compared with the CCG average of 75% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried which was slightly higher when compared to the CCG average of 90% and a national average of 85%.

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 and evidence showed that the practice responded quickly to issues raised.

Good



## Are services well-led?

The practice is rated good for providing well led services. The practice had a clear vision which had quality and safety as its top priority. A business plan was in place and was monitored and regularly reviewed.

Good



# Summary of findings

All staff groups and members of the Patient Participation Group (PPG) were involved in creating, designing and embedding plans. The practice had a strategic approach to future planning including a three year plan, a five year plan and succession arrangements to identify and address future risks to personnel leaving or retiring.

There had been a significant amount of change in the last 13 months with two practices over three locations merging to create The Swan Practice in October 2014. Staff told us they were heavily involved in the consultation stages prior to the merger; communication was clear and consistent throughout the merger and staff felt supported by management.

The practice proactively sought feedback from staff and patients, which it acted on. There were high levels of engagement with patients, the PPG and the local community. Staff had received inductions, regular performance reviews and attended staff meetings and events.

High standards were promoted and owned by all practice staff with evidence of team working across all roles in all three sites. All external stakeholders, for example local care homes, schools and university praised the practice, commenting on the practice being well-led, well organised with clear channels of communication and escalation.

# 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.

The practice provided person centred care to meet the needs of the older patients in its population and had a range of enhanced services, for example in dementia, end of life care and reducing admissions to hospital. Unplanned hospital admissions and re-admissions for this group were regularly reviewed and improvements made.

Every month (the first Friday of each calendar month) the practice held a Multidisciplinary Team Meeting to discuss matters relating to older people, chronic disease and terminal care. The practice invited GPs, District Nurses, Practice Nurses and members from the Palliative Care team to co-ordinate care in a multi-agency fashion, ensuring patients received the highest level of holistic care possible.

It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice identified if patients were also carers; information about support groups was available in the waiting room.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people, for example, data showed the percentage of patients aged 75 or over with a fragility fracture that are currently treated with an appropriate bone-sparing agent was 100%. This was 32.6% higher than the national average.

The practice provided medical care to four local care homes with a lead GP designated to each of the four homes. The designated GPs held regular sessions at the homes to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and undertake medication reviews. The practice were aware of lone elderly patients who were vulnerable, and without request would make regular home visits to check on their welfare. A GP also carried out home visits to older patients presenting with more urgent health needs and the practice provided GP services to the community hospital; completing ward rounds five times each week.

Good



### People with long term conditions

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

Good



# Summary of findings

GPs and nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed. All of these patients were offered a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care. Patients with end of life care needs and their families were well supported by the practice.

## Families, children and young people

The practice is rated as good 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.

Records showed the GPs proactively sought and promoted improvement in immunisation management and this was evident in the immunisation data as the practice were similar to both local and national averages for childhood immunisations. Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 96% to 100% and five year olds from 86% to 95%. These were in line with the CCG and national averages.

Children who did not attend for their immunisations were followed up by the practice and discussed with the health visitor if they were considered at risk.

Every month (the second Friday of each calendar month) the practice held a Multidisciplinary Team Meeting to discuss matters relating to children, young people and their families. The practice invited GPs, Practice Nurses, Health Visitors, School Nurses and Midwives to attend these meetings and discuss and action any child protection concerns.

We saw the practice supports and accommodates a twice weekly sexual health outreach service. This serves the population of Buckingham and the surrounding villages and reduces the requirement to attend sexual health clinics in Aylesbury (38 mile round trip) and Milton Keynes (26 mile round trip).

Good



## 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). The needs of the

Good





# Summary of findings

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.

There was a range of appointments between 8am and 6pm Monday to Friday with earlier appointments available from 7.15am three days a week. The practice was open on alternate Saturday mornings, specifically for patients not able to attend outside normal working hours with no restrictions to other patients.

Phlebotomy services were available at the practice which meant patients did not have to attend the hospital for blood tests.

We saw proactive online services as well as a full range of health promotion and screening that reflected the needs for this age group.

The practice provides GP services to approximately 1800 students (approximately 50% are foreign students with no prior knowledge of GP services within England) at a local university. Key members of staff including a GP who is the dedicated GP for the university attend the four yearly intakes of new students to commence the practice registration process. One of the GPs is the dedicated GP for providing students with GP services and runs a term time daily clinic at the university campus. We saw how the practice showed how they catered for short term requests for appointments especially around exam and result times.

## 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 a learning disability. It offered longer appointments and carried out annual health reviews for people with a learning disability. These reviews were often pre-booked on a Saturday morning at the practice which is a known quiet time within the practice.

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

Good



# Summary of findings

## 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).

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning including regular face-to-face reviews for these patients. For example:

- 88% of patients diagnosed with dementia had their care reviewed in a face-to-face review; this higher than the local CCG average and national average.
- 96.8% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record; this was higher than the local CCG average (92.8%) and the national average (85.9%).

Patients experiencing poor mental health were told about how to access various support groups and voluntary organisations including MIND and SANE. These are two national organisations that offer support and advice to people experiencing poor mental health and their families. The practice worked also worked with a local mental health charity called Bucks Mind which includes a local befriending scheme and activity group within the local community.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local (CCG) and national averages. There were 112 responses and a response rate of 38%.

- 83% of patients found it easy to get through to the surgery by telephone which is higher when compared with the CCG average of 75% and the national average of 73%.
- 91% of patients found the receptionists at this surgery helpful which is higher when compared with the CCG average of 87% and the national average of 87%.
- 85% of patients would recommend this surgery to someone new to the area. This is higher when compared with the CCG average of 80% and the national average of 78%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried which higher when compared to the CCG average of 90% and a national average of 85%.

- 91% of patients described their overall experience of this surgery as good which was higher when compared to the CCG average of 87% and a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received.

Patients reported that they felt that all the staff treated them with respect, listened to and involved in their care and treatment. They were complimentary about the appointments system and its ease of access and the flexibility provided.

The 10 patients we spoke with on the day of inspection confirmed this.

We spoke with four local care homes, three local schools and the local university which the practice provided the GP service for. They all fully praised the practice, told us they highly recommend the practice and told us the service they received was responsive to patients needs and treated them with dignity and respect.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure all staff are up to date with mandatory training.

## Outstanding practice

- The practice had excellent access to appointments and could demonstrate the impact of this by reduced use of secondary care services (specifically accident and emergency and out of hours GP services) and positive patient survey results.
- The nurse team leader had recently been made a Queen's Nurse. A Queen's Nurse is someone who is committed to high standards of practice and patient-centred care. The Queen's Nurse Institute supports innovation and best practice, in order to improve care for patients. The title is available to

individual nurses who have demonstrated a high level of commitment to patient care and nursing practice. This award reflected the work of the nurse team leader whose smoking cessation clinics resulted in a high success and cessation rate.

- There was a single designated GP point of contact for the four care homes, three schools and the university which the practice provide GP services for. Contact details of the GP was shared with the relevant staff, patients and their families, enabling continuity of care and quick access to the right staff at the practice.

# Summary of findings

- The practice had a very active patient participation group (PPG) and actively used social media to work directly to improve patient and practice communications. Communication via a popular social media medium was updated daily and included updates including new clinic times, responses to health related news articles and the Care Quality Commission inspection details.
- The practice had reviewed the different types of appointments available and how they were accessed via the appointment system. The practice and PPG created an appointment committee to complete a full 360 degree detailed audit of the appointment system ensuring there is the correct balance of availability for acute and chronic conditions across the whole patient list. The appointment committee was a group comprising of patients and staff.
- The practice were aware of lone elderly patients who were vulnerable, and without request would make regular home visits to check on their welfare. GPs carried out home visits to older patients presenting with more urgent health needs and the practice provided GP services to the community hospital; completing ward rounds five times each week.

# The Swan Practice

## 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 second CQC inspector, two specialist advisors (a GP and a Practice Manager) and an Expert by Experience.

Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

### Background to The Swan Practice

The Swan Practice is a new practice, formed on 1st October 2014, by the merger of North End, Steeple Claydon and Masonic House Surgeries. The Swan Practice is one of 19 practices within Aylesbury Vale Clinical Commissioning Group. The practice is a dispensing practice and offers GP services to the local community of Buckingham, Buckinghamshire including the surrounding villages.

Clinical services are provided from:

- North End Surgery, High Street, Buckingham, Buckinghamshire MK18 1NU
- Steeple Claydon Surgery, 2 Vicarage Lane, Steeple Claydon, Buckinghamshire MK18 2PR

All administration and support services are provided from Masonic House, High Street, Buckingham, Buckinghamshire MK18 1NU.

We visited all three locations including the branch surgery in Steeple Claydon as part of this inspection.

The practice has core opening hours from 8am to 6.30pm Monday to Friday to enable patients to contact the practice. The practice is open on alternate Saturdays for pre-booked GP appointments and opens at 7.15am three mornings (Tuesday, Wednesday and Thursday) a week. Patients can book appointments in person, via the phone and online. Appointments can be booked in advance for the doctors and for the nursing clinics. The practice treats patients of all ages and provides a range of medical services.

There are approximately 20,000 patients registered with the practice. The practice population has a significantly higher proportion of patients aged 15-24 compared to the national average. This is a result of providing GP services to two local prep schools, one local boarding school and the local independent university (approximately 1800 patients).

The practice population also has a proportion of patients in four local care homes (approximately 100 registered patients). According to national data there is minimal economic deprivation in Buckingham.

The practice is comprised of eight GP Partners (four male and four female) who are supported by two salaried GPs.

The practice is a training practice for GP Registrars and a teaching practice for medical students. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The all-female nursing team consists of a nurse manager, one nurse prescriber, three practice nurses, two phlebotomists and one health care assistant with a mix of skills and experience.

# Detailed findings

A practice manager is supported by a finance manager, a project manager, four team leaders and a team of 44 administrative staff including 10 dispensers who undertake the day to day management and running of the practice. The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website and over the telephone when the surgery is closed.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from Aylesbury Vale Clinical Commissioning Group (CCG), Healthwatch Buckinghamshire, NHS England and Public Health England.

We carried out an announced inspection on 27 October 2015 and visited the main surgery (North End), the branch surgery (Steeple Claydon) and the administration support centre based at Masonic House.

Prior to the inspection we spoke with the Practice Manager who provided key correspondence for the inspection. During the inspection we spoke with six GPs, members of the management team including team leaders, one practice nurse, the dispensary manager, one dispenser, four members of the information team, the branch surgery co-ordinator and members of the reception team.

We also spoke with a sexual health outreach worker who was running a clinic at the surgery and three members of the patient participation group.

We reviewed how GPs made clinical decisions. We reviewed a variety of policies and procedures used by the practice to run the service. We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to.

We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

We obtained patient feedback from speaking with patients, CQC patient comment cards, the practice's surveys and the GP national survey.

We observed interaction between staff and patients in the waiting room.

# Are services safe?

## Our findings

### Safe track record and learning

We spoke with the GPs and practice manager and reviewed information about both clinical and other incidents that had occurred at the practice.

We saw there was an open, transparent approach and a system in place for reporting and recording significant events. Staff were able to report incidents and learning outcomes from significant events, these were shared with appropriate staff. All complaints received by the practice were entered onto the system and where necessary treated as a significant event. Meetings were held every month to discuss significant events that had been raised, or during other staff meetings if the issues raised needed prompt action. The practice reviewed previous significant events at the meetings to ensure changes or learning outcomes had become embedded.

We were given information about incidents which had occurred during the last 12 months. These incidents included a prescription error, an incorrect referral and an incorrectly labelled sample. We read each event was categorised and all were reviewed for any trends; where changes in practice had been highlighted we were able to confirm they had been implemented. These had been reviewed under the practice's significant events analysis process. We also saw examples of incidents recorded which reflected positively on the practice. For example, one of the GPs identified a fracture which the hospital had missed.

Safety alerts (including medicine and equipment alerts) were monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled the practice to communicate and act on risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies (available to all staff) clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs

attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Nursing and some reception staff acted as chaperones and were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and related risk assessments. The practice had undertaken a fire risk assessment in 2015 and we saw actions required from the assessment had been completed. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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.
- We checked medicines kept in the treatment rooms and medicine refrigerators. They were stored securely and were only accessible to authorised staff. There was a clear process for ensuring medicines were kept at the required temperatures, we reviewed records which confirmed this. The correct process was understood and followed by the practice staff and they were aware of the action to take in the event of a potential fridge failure. The practice had processes to check medicines were within their expiry date and suitable for use. All the medicines we checked at the time of inspection were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. Patient specific directives and patient group directives (required for staff who administer medicines such as vaccines but who are not qualified to prescribe)



## Are services safe?

were in place and up to date. Prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance and kept securely at all times.

- The premises were clean and tidy. There were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The nurse manager was the named lead for infection control had a system in place to ensure that regular infection control monitoring was in place for clinical and non-clinical aspects of the practice. We saw an infection control audit completed in October 2015 and evidence the practice continued to carry out regular infection control audits, revisit the areas of improvement and implement those changes.
- We were able to see four personnel files contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We looked at employee files for the most recent recruits and confirmed this had been implemented. When looking at the staff files we saw there was an induction checklist appropriate to the role of the staff member. Staff we spoke confirmed these had been used.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health, well-being or medical emergencies. We saw details of a recent medical emergency (September 2015) which was immediately brought to the attention of one of the GPs by one of the reception team. The receptionist arranged for an 18 month old child to be registered as a temporary resident, whilst the patient was waiting to be seen their health deteriorated. This was brought to the attention of one of the GPs who provided care and treatment at the scene including the administration of adrenaline for an anaphylactic shock (an extreme, often life-threatening reaction to an antigen to which the body has become hypersensitive).

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We discussed with different GPs and members of the nursing team how NICE guidance was received into the practice. We saw minutes of clinical meetings which showed this was then discussed and implications for the practice's performance and patients were identified and any action required was agreed. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

GPs and nurses described how they carried out comprehensive assessments which covered health needs. We saw these assessments were in line with national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients experiencing mental health problems were having regular health checks and had their care reviewed. Information collected for Quality Outcome Framework (QOF) indicated 96.8% of practice patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses have had a comprehensive, agreed care plan in the preceding 12 months. This was four per cent higher than the local CCG average (92.6%) and 10.9% higher than the national average (85.9%).

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews and medicines management.

The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. The QOF incentive scheme rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

In 2014, the practice achieved 98.9% QOF points out of a possible 100%, which was higher than the national (94.6%) and local Aylesbury Vale Clinical Commissioning Group average (95.1%) achievement levels.

However, for the same time period the practice had a higher than average level of exception reporting, 8.8%. The national average for exception reporting was 7.9% and within Aylesbury Vale Clinical Commissioning Group was 6.4%.

Exception reporting is the percentage of patients who would normally be monitored. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

During the inspection the CQC GP specialist advisor discussed exception reporting; we received detailed assurance that this level of reporting was accurately documented and recorded. The practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for hypertension related indicators was better (99.7%) than both the CCG (87.9%) and national averages (88.4%).
- Performance for mental health related indicators was better (100%) than both the CCG (94.0%) and national averages (90.4%).
- Performance for cancer related indicators was better (100%) than both the CCG (97.5%) and national averages (95.5%).
- Performance for diabetes related indicators was better (96.4%) than both the CCG (90.5%) and national averages (90.1%).
- Performance for chronic obstructive pulmonary disease related indicators was better (100%) than both the CCG (96.6%) and national averages (95.2%).

The practice had a system in place for completing a wide range of completed clinical audit cycles. The practice participated in applicable local audits, national benchmarking and accreditation. These included audits for atrial fibrillation and a medication audit. The medication audit was in preparation for the merger with neighbouring practices as there was a wide discrepancy between both practices.

# Are services effective?

## (for example, treatment is effective)

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. We were told that GPs carried out two clinical audits every five years for their professional revalidation and other audits were generated by the clinical commissioning group as a result of medicines management.

For example, one of the practice GPs carried out a clinical audit over a six month period to review patients in a defined high risk category for atrial fibrillation (AF) who were not prescribed oral anticoagulant medication. (Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate.)

Findings were used by the practice to improve services and outcomes for patients; ensuring that the majority of patients who have AF receive appropriate stroke-prevention therapy. The number of high risk patients returned as not receiving such therapy has been halved from ten to five between the two data collections dates. This audit also identified two new patients were awaiting a decision regarding the best stroke-prevention strategy for them.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- We reviewed staff training records and saw most staff were up to date with attending mandatory courses such as annual basic life support and safeguarding. We saw plans including completion dates for the remaining staff to complete their training.
- We noted a good skill mix among the GPs and nursing team with specialist interest and training in paediatrics, anticoagulation, minor surgery, female health, musculoskeletal medicine, respiratory disease and diabetes. We also recognised several GPs had extended roles within the local health economy including work as GP Trainers, a programme Director for the Milton Keynes GP Training Programme, a Clinical Support Fellow for the RCGP (Royal College of General Practitioners, the professional membership body for family doctors in the UK and overseas) Care Planning Project and the Urgent Care Lead for the North Locality in Buckinghamshire.

- The nurse team leader has recently been made a Queen's Nurse. This title is awarded to someone who is committed to high standards of practice and patient-centred care. The Queen's Nurse Institute supports innovation and best practice, in order to improve care for patients. This title is available to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice, in this case the high smoking cessation rate and in-house cessation support and treatment
- All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).
- All new staff underwent a period of induction to the practice. Support was available to all new staff to help them settle into their role and to familiarise themselves with relevant policies, procedures and practices.

### Working with colleagues, other services and information sharing

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X-ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues using these communications. We saw that all staff had completed information governance training which outlined the responsibilities to comply with the requirements of Data Protection Act 1998.

There was evidence that the practice worked closely with other organisations and health care professionals. We saw that the GPs had regular multidisciplinary meetings with representatives from the community nursing team, mental health services and adult social care to discuss the needs of patients with mental health problems.

# Are services effective?

## (for example, treatment is effective)

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. Staff we spoke with knew how to use the system and said that it worked well.

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and the Children Acts 2004. All staff we spoke with were conscious of their duties in fulfilling both acts. The GPs and nurses we spoke with had an understanding of the legislation and described how they implemented it in their practice.

The GPs and nurses also demonstrated a clear understanding of the Gillick competency test. (These were used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

### Health promotion and prevention

The practice offered a registration health check to all new patients registering with the practice and NHS health checks for people aged 40–74, these were completed by one of the nurses and two health care assistants. The GPs were informed of all health concerns detected and these were followed up in a timely way. The practice achieved 60% uptake for NHS Health checks for people aged 40–74, between April 2014 and March 2015. This achievement has been praised by Bucks County Council and these health checks have identified 35 new diagnoses, for example 14 new diagnoses of hypertension and four new diagnoses of diabetes.

The practice had many ways of identifying patients who needed support, and it was pro-active in offering additional help. A nurse we spoke with told us there were a number of services available for health promotion and prevention. These included clinics for the management of diabetes, hypertension, asthma and cervical screening.

The practice had identified the smoking status of 93.7% of patients over the age of 16 with 94.9% being offered in-house smoking cessation support and treatment.

There was a range of information available to patients on the practice website and the associated practice social media website including the services available at the

practice, health alerts and latest news. The website included links to a range of patient information, including for travel immunisations, NHS health checks and the management of long term conditions.

The practice encouraged its patients to attend national screening programmes for cervical cancer, bowel cancer and breast cancer screening, this was reflected in data from Public Health England:

- 78% of patients at the practice (females aged between 25-64) had been screened for cervical cancer within target period; this was in line with the CCG average also 78% and slightly higher than the national average of 74%.
- 60% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was in line with the CCG average of 59% and the national average which was 58%.
- 80% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this slightly higher than the CCG average 77% and higher than the national average which was 72%.

Records showed immunisation data for the practice was in line with both local and national averages for childhood immunisations.

Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 96% to 100% and five year olds from 86% to 95%. These were in line with the CCG and national averages.

Children who did not attend for their immunisations were followed up by the practice and discussed with the health visitor if they were considered at risk.

Last year's performance for influenza immunisations was similar to the CCG average and the national average where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 62%, and at risk groups 59%. These were similar with CCG and national averages.
- Flu vaccination rates for patients with diabetes (on the register) was 90% which was slightly lower than the national average of 93.5%.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the July 2015 national patient survey results (112 respondents), NHS Choices website (22 reviews) and comment cards completed by patients as part of the family and friends test. The evidence from all these sources showed patients were satisfied with how they were treated, and this was with compassion, dignity and respect.

Results from the national GP patient survey showed patients were mostly happy with how they were treated and that this was with compassion, dignity and respect. However, the practice was slightly below average in several areas for its satisfaction scores on consultations with GPs. For example:

- 91% of patients said they found the receptionists at this surgery helpful; this was slightly higher when compared to the local CCG and national average which were both 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 92% of patients said the last GP they saw or spoke to was good at listening to them, slightly higher when compared to the CCG average of 91% and national average 89%.
- 94% of patients said the last nurse they saw or spoke to was good at listening to them, slightly higher when compared to the CCG average of 92% and national average 91%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 13 completed cards all were highly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect and the care they received exceeded their expectations. All told

us they were satisfied with the care provided by the practice. Patients stated they felt GPs took an interest in them as a person and overall impression was one of wanting to help patients.

We also spoke with 10 patients on the day of our inspection and the experience of these patients further supported the feedback in the comments cards. All the patients we spoke with said they would recommend the practice.

We observed staff interacting with patients in the reception, waiting rooms and on the telephone. All staff showed genuine empathy and respect for people, both on the phone and face to face.

### Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 84% said the last GP they saw was good at explaining tests and treatments which was slightly lower when comparing to the CCG average of 89% and national average of 86%.
- 89% said the last nurse they saw was good at explaining tests and treatments which was similar when compared to the CCG average of 90% and national average of 90%.
- 85% said the GP was good at involving them in decisions about their care which was similar when compared to the CCG average of 85% and higher than the national average of 81%.

Patients we spoke with on the day of our inspection told us health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

### Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

## Are services caring?

- 89% said the last GP they spoke with was good at treating them with care and concern which was slightly higher when compared to the CCG average of 87% and the national average of 85%.
- 92% said the last nurse they spoke with was good at treating them with care and concern which was similar when compared with the CCG average of 92% and slightly higher than the national average of 90%

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. These highlighted that staff responded compassionately when they needed help and provided support when required.

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

The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was usually 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.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, patients with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability. Patients with learning difficulties were offered review appointments at known quiet times within the practice.
- Home visits were available for older patients/patients who would benefit from these.
- Urgent access appointments were available for all patients
- The practice had clear, obstacle free access. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. However at peak busy times throughout the inspection we observed the waiting room was full to capacity with no room for additional patients. The size of the waiting area is a known challenge following the merger and increased patient list. We saw comprehensive detailed plans for the proposed new layout and extension which will create a much larger waiting area away from the reception desk.
- The practice had access to translators via a telephone translation service. Staff told us there was little call for the service as most patients were able to speak English but if required they were confident to use the translation service.
- The practice had a very active PPG and actively used social media to work directly to improve patient and practice communications. Communication via a

popular social media medium was updated daily and included updates including new clinic times, responses to health related news articles and the Care Quality Commission inspection details.

- Patient use of the dispensaries within the practice is high and continues to grow. The dispensaries have the same opening times as the surgery. All (100%) of the patients at the branch surgery use the dispensary located within the branch surgery and approximately 45% of patients at the main surgery use the main dispensary. Patients at the branch surgery commented this was an excellent service and removed the need to attend the main town of Buckingham to collect their medication.

### Access to the service

Both practices were open between 8am and 6.30pm, the dispensary remained open during these times. The practice offered extended opening times with "early bird" appointments starting at 7.15am three days a week and was also open on alternate Saturday mornings for patients not able to attend out with normal working hours.

We saw information regarding the appointment system and a detailed audit completed by an appointment committee. This was a group comprising of patients and staff to ensure there is the correct balance of availability for acute and chronic conditions across the whole patient list.

Appointment information was available to patients in the practice through a new appointment leaflet and on the practice website. Information on the practice website also included how to arrange urgent appointments, home visits, routine appointments and how to cancel appointments.

The practice provided GP services to the local independent university. One of the GPs was designated lead for providing this service and ran term time daily morning clinics on the campus for the students.

We also saw the practice had been chosen as a "beacon site" by NHS England for the level of online access available for patients. All GP appointments are available to book online. We were provided with information that online booking of the recent flu clinics were very popular with a low did not attend rate. Data from GP National Patient Survey and in house patient surveys had been reviewed as patients responded positively to questions about access to appointments. For example:

# Are services responsive to people's needs?

## (for example, to feedback?)

- 83% of respondents found it easy to get through to the practice by telephone. This was higher than both the CCG average 75% and national average 73%.
- 92% of respondents were able to get an appointment to see or speak to someone the last time they tried; this was higher than both the CCG average 90% and national average 85%.
- 63% of respondents said they usually get to see or speak to their preferred GP. This was higher than both the CCG average 60% and national average 60%.
- 88% of respondents described their experience of making an appointment as good. This was higher than both the CCG average 76% and national average 73%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling 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 looked at four complaints received in the last 12 months and found that all four of these had been dealt with appropriately; comprehensively investigated and the complainant responded to in a timely manner.

We saw that information leaflets were available at the practice and on the website to help patients understand the complaints system. Contact details were provided for the Health Service Ombudsman and independent advice and advocacy. Patients we spoke with were aware of the process to follow if they wished to make a complaint, but none had had cause to use the system.

Following patient feedback, the practice installed a new telephony system allowing better distribution of calls across available staff and a host of new functions including “call queuing”, so patients don’t have to continuously re-dial. The PPG supported this project including research, testing and contributed their views and ideas from a patient’s perspective.

We also saw all feedback; both positive and negative feedback left on NHS Choices website had been responded to by the practice manager.

# 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

We spoke with 22 members of staff across all three sites, all the staff we spoke with said that there was a 'patient first' ethos within the practice. This was corroborated by the patients with whom we spoke. We found that there was strong leadership and strategic vision within the practice. We found all staff in the practice understood their role in leading the organisation and enabling staff to provide good quality care.

Our discussions with staff and patients indicated the vision and values were embedded within the culture of the practice. Staff told us the practice was patient focused and they told us the staff group were well supported.

The practice had a strategic approach to future planning including a three year plan, a five year plan and succession arrangements to identify and address future risks to personnel leaving or retiring.

We spoke with the chair person and two other members of the PPG, as well as receiving feedback from 23 patients in person or writing. Patients shared many positive examples of the way staff treated them and found the practice efficient.

### Governance arrangements and leadership

There was a strong leadership structure with a scheme of delegation of responsibilities for policies and procedures. Partners at the practice had oversight of each area. For example, a GP partner was the lead for prescribing and supplied additional support to the three dispensaries' within the practice.

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 and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice and arrangements in place to improve patient outcomes

- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate current practice guidelines and other information.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

We spoke with team leaders with designated roles, for example completing risk assessments. We were shown evidence of a recent risk assessment which identified investment was needed to buy new equipment. We were told that the GP partners were all supportive of new investment.

Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners, practice manager and designated team leaders in the practice.

There has been a significant amount of change in the last 13 months with two practices (three locations) merging to create The Swan Practice in October 2014. Staff told us they were heavily involved in the consultation stages prior to the merger; communication was clear and consistent throughout the merger and staff felt supported by management. Other members of staff and PPG members told us the open and inclusive communication used during the merger enabled a smooth transition that maintained patient care and continuity.

The practice had yearly all practice away days; these days are known as "State of the Nation" days and are usually held at a local hotel in Buckingham. All staff and members of the PPG are invited to attend, to plan and create the agenda to ensure the best use of time.

Following these away days, the management team review the day and all attendees are invited to complete an anonymous survey. We were shown survey results which will be used to ensure the next away day (planned for January 2016) reflects and addresses the received feedback. Staff told us the away days were well organised, covered important topics, relieved anxiety about potential future changes to the practice and created comradeship within the practice. Other members of staff commented that the away days help shape the direction of the practice.



# Are services well-led?

Good 

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

The management team in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Members of the management team were active within Aylesbury Vale CCG, RCGP Thames Valley Faculty and the local health economy.

## **Seeking and acting on feedback from patients, public and staff**

We found the practice to be involved with their patients, the Patient Participation Group (PPG) and other stakeholders.

We spoke with three members of the PPG and they were very positive about the role they played and told us they felt engaged with the practice. For example they have been instrumental in the development of services; including the merger, driven improvement in telephone access/appointment system and proposed new plans for the surgery including the waiting room arrangements.

We saw the practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patients and the PPG. Results from patient surveys had been reviewed progress to date feedback. For example, the GP partners were committed to raising awareness of the many appointment options available so that patients registered with the practice understood how flexible the service was for patients. PPG members we spoke with told us this was crucial to educate people and change their thinking about the other options of support available in the community so the practice resources were appropriately used.

The activity of the PPG had been recognised and the chairperson was due to present at a forthcoming conference at Health Education Thames Valley meeting. The theme of this presentation focussed on the involvement and engagement of a PPG within General Practice.

We also saw evidence that the practice had reviewed its results from the national GP survey to see if there were any areas that needed addressing. The practice was actively encouraging patients to be involved in shaping the service delivered at the practice.

Following patient feedback, the practice installed a new telephony system allowing better distribution of calls across available staff and a host of new functions including

“call queuing”, so patients don’t have to continuously re-dial. The PPG supported this project including research, testing and contributed their views and ideas from a patient’s perspective.

We saw the reception area had a designated section for patient feedback. This area is clearly displayed as “You said, we did” and included patient feedback. Several of the patients we spoke praised this visual display of feedback and said they felt that their feedback was respected and used when shaping the practice particularly through the recent merger.

When the merger of practices was confirmed, the practice ran a competition with patients and the PPG to rebrand, rename and create a new direction for the new practice. Patients told us this created a sense of involvement, a community spirit and this ethos of teamwork and engagement still remains.

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 in the practice to improve outcomes for both staff and patients.

## **Management lead through learning and improvement**

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We reviewed staff training records and saw that most staff were up to date with attending mandatory courses such as annual basic life support, infection control and safeguarding of children and vulnerable adults.

The practice had identified the high use of technology amongst its patients and the need to keep pace with these requirements. They had employed a member of staff specifically to develop IT solutions. They had developed an internet page that was interactive and contained a large amount of data to assist in patient treatment and internal communication.

Clinical and non-clinical staff told us they worked well as a team and had good access to support from each other. There were processes in place for reporting and investigating safety incidents.

# Are services well-led?

Good 

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

The practice was a GP training and teaching practice. We spoke with a final year medical student who was completing an eight week placement at the practice. The final year for a medical student is a clinical apprenticeship year when students see the realities of the practice of

medicine in busy hospitals and general practices. This is a period of clinical responsibility under supervision. The medical student we spoke with described the high quality of leadership and support received at the practice.