

# Apple Tree Medical Practice

## Quality Report

4 Wheatsheaf Court  
Burton Joyce  
Nottingham  
NG14 5EA

Tel: 0115 931 2929

Website: [www.appletreemedicalpractice.co.uk](http://www.appletreemedicalpractice.co.uk)

Date of inspection visit: 2 December 2015

Date of publication: 04/02/2016

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Apple Tree Medical Practice on 2 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for the reporting and recording of significant events. People affected received support and an apology where this was appropriate.
- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Risks to patients were assessed and well managed with involvement from the wider multi-disciplinary team and external agencies.
- Clinical outcomes were good and the practice had achieved 99.8% of the total for the Quality and Outcome Framework (QOF) in 2014.15, with an overall exception reporting rate of 8.8% (consistent with national and local average percentages).
- Urgent appointments were available on the day they were requested. Access to routine appointments could be difficult with waiting times between three to six weeks observed on the day of our visit. The practice were undertaking a review of their appointment system to increase the availability of non-urgent appointments.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. This was kept under review by the practice which used audit as a mechanism of ensuring that patients received safe and effective care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff undertook training appropriate to their roles, and had received an annual appraisal with any further training needs identified and supported by the practice.
- Information about services and how to complain was available and easy to understand.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- 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, a self check-in system had been installed in response to comments about lengthy waits at reception.
- The practice had a dedicated carers' champion to help support the identified carers of patients registered with the practice.
- The practice worked with other local practices and engaged with their Clinical Commissioning Group (CCG) to improve services.

- Disabled access was restricted in terms of access to the main entrance and the main reception desk. The practice were in the process of reviewing this issue.

The areas where the provider should make improvement are:

- Improve the availability of non-urgent appointments for patients.
- Review disability access to the site in accordance with the requirements of the Equality Act

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice, and to protect patients.
- When there were unintended or unexpected safety incidents, people received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice dispensed medicines to approximately 12% of its registered patients. Dispensing procedures were mainly comprehensive apart from a few issues, for example monitoring temperature control in the dispensary, identified by the pharmacist specialist as requiring review. The practice provided assurance that these issues had been addressed immediately.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice had effective recruitment procedures in place to ensure all staff had the necessary skills and qualifications to perform their roles, and had received the appropriate pre-employment checks.
- Robust procedures were in place to deal with incoming correspondence to ensure any activities required to maintain ongoing safe patient care, such as prescribing changes, were completed promptly.
- Infection prevention and control was managed effectively to ensure patient safety.
- Risks to patients were assessed and well managed, and reviewed with the wider multi-disciplinary team when appropriate.
- Risk management of the site was generally well-managed.
- The practice ensured staffing levels were sufficient at all times to respond effectively to patient need.

### Are services effective?

The practice is rated as good for providing effective services.

Good



# Summary of findings

- 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
- Data showed that patient outcomes were at or above average for the locality. This was indicated by the practice achievement of 99.8% in the 2014-15 Quality Outcome Framework (QOF) which was 4.7% above the CCG and 6.3% above the England averages. The overall clinical exception reporting rate was in line with local and national levels.
- Cervical screening and flu vaccinations rates were above local and national averages. Child immunisation rates were mostly above the local and national percentages.
- Clinical audits demonstrated quality improvement. For example, the practice had audited patients using simvastatin (a medication to reduce cholesterol) who were also taking a particular drug to reduce hypertension. The audit identified the patients who needed their dosages reduced to an acceptable safety level based on published guidance. This impacted on patients by improving compliance with the guidance from 45% to 91%.
- The practice had the second highest rate of cancer detection in the CCG
- The practice's patients had low rates of attendance at Accident and Emergency (A&E) due to its open access for high risk and urgent cases. Additionally, the Crisis Intervention Community Support Service (CICSS) was accessed to put in support for vulnerable patients to keep them safe and well and avoid hospital admissions. 14 vulnerable patients had been referred into this service over the last 12 months.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. We saw evidence that this had been used to develop staff to enhance their roles.
- Clinicians engaged with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- A member of the administration team also worked as a medicines management facilitator to assist communications with regard to cost effective medications and general updates with regards prescribing issues.

## Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had a strong patient-centred culture. We observed that staff treated patients with kindness and respect.
- Data showed that patients rated the practice higher than others for several aspects of care. For example, 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- Views of external stakeholders were very positive and aligned with our findings.
- A nominated carer's champion ensured that identified carers received comprehensive and up-to-date information on support services available to them.
- Information for patients about the services available was easy to understand and accessible.

## 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 England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Results for the patient survey and comment cards, and feedback from patients we spoke with on the day of the inspection, were mixed regarding access to routine appointments and waiting times within the surgery.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were available the same day for those who required them.
- The practice 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. Learning from complaints was shared with staff and other stakeholders.
- Disability access was problematic at the main entrance and at the reception desk, but other facilities inside the building were easily accessible on one level. The practice were aware of this and were developing a plan to address the issues.

Good



# Summary of findings

## Are services well-led?

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

Good



- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. The partners were in the process of finalising their business plan and planned to consult with the practice team to ensure their engagement with the process.
- 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 meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour, and partners encouraged a culture of openness and honesty. The practice had systems in place to report notifiable safety incidents.
- The practice proactively sought feedback from patients and had developed its own survey. Results were considered with the patient participation group (PPG) and changes were made as a result – for example, the purchase of a self check-in system to alleviate pressure on reception staff.
- The PPG were active and influenced practice development. For example, they had been instrumental in getting a local health visitor clinic re-established in the village to improve access for young mothers.
- There was a strong focus on continuous learning and improvement at all levels.
- All staff had received inductions and had received regular performance reviews, and attended staff meetings.
- There was a high level of staff satisfaction, and this was supported by low staff turnover.

# 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

Good



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

- The age profile of patients at the practice was higher for older people, and the practice had the highest percentage of older patients across the 21 practices within the CCG. The services available reflected the needs of this group.
- It was responsive to the needs of older people and undertook home visits when this was applicable. Longer appointments were available although some patients with multiple long term conditions were reviewed over two to three appointments, to ensure there was sufficient time allocated to review each presenting problem. Urgent appointments were available for those presenting with enhanced needs.
- The practice had identified a named GP for all patients aged 75 and over.
- A medicine dispensing service was available at the practice for those who lived more than one mile from a pharmacy.
- Older patients with multiple health issues received an annual (or more frequent if required) medicines review to re-assess their condition and ensure the medicines remained suitable for their needs.
- The practice provided care to some older patients residing in three local care homes. The manager of one of the homes told us that the GPs were very responsive to their needs and would visit as required and also re-assess patients as part of a medication review. The manager told us that the GPs took account of mental capacity assessments and treated their residents with dignity and respect.
- Seasonal flu vaccinations for patients aged over 65 demonstrated an uptake of 80.81% compared against a national average of 73.24%
- Established links between the practice and a consultant for older patients provided an expert opinion when this was required. The consultant undertook some home visits for the practice's patients to assess their needs.
- The practice proactively used electronic systems to identify vulnerable patients at risk of unplanned hospital admissions, and developed care plans to ensure they were supported to stay in their own homes.



# Summary of findings

- Any older patients who had been in hospital had their discharge summaries reviewed within three days, and any medicines changes were updated. Incoming correspondence relating to hospital discharges were flagged as a priority to ensure rapid follow up was arranged.
- Patients who were at risk of falling were identified and where necessary referred for further tests or commenced on appropriate medicines.
- A named carer was identified where this was appropriate. The carer then received appropriate information on support services as well as linking into the practice's identified carers' champion.

## People with long term conditions

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

Good



- GP partners had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All long term condition patients had a structured annual review (sometimes more frequently subject to each patient's own needs) to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- In 2014-15, the practice achieved 100% of its Quality and Outcomes Framework (QOF) targets for long term condition indicators including asthma, diabetes, chronic obstructive pulmonary disease and hypertension. Its overall exception reporting was in line with local and national averages.
- The practice achievement within some clinical indicators demonstrated high exception reporting. For example, the percentage of patients newly diagnosed with diabetes in the preceding year that had a record of being referred to a structured education programme within nine months achieved 100%, but with an exception reporting figure of 46.2%. This was over 40% higher than local and national averages for exception reporting on this particular indicator. The practice were able to explain this by saying that patients had been offered the programme but had chosen not to attend. However, other indicators demonstrated a low exception reporting rate, for example, with regards to patients with asthma

# Summary of findings

- A diabetes nurse specialist attended the practice on a monthly basis to provide initiation of insulin (teaching patients how to inject and manage their insulin regime) for type 2 diabetes (type 2 diabetes occurs when the body does not respond to the hormone insulin as it should)
- Longer appointments and home visits were available when needed to accommodate more complex needs.

## Families, children and young people

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

Good



- 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. Multi-disciplinary team meetings were held including GPs, health visitors and school nurses to monitor the needs of vulnerable children.
- Antenatal care was shared between midwives and the GPs. An antenatal pack had been developed for patients providing advice on matters such as screening and calcium supplements. It also contained literature including some leaflets specifically designed by the practice. This pack had won a practice development award with a previous healthcare commissioner organisation.
- All new mothers were contacted in the immediate postnatal period and reviewed by a telephone call, with the offer of a home visit or an appointment at the surgery where appropriate with the doctor. A home visit was offered for all first born children.
- Immunisation rates were relatively high for all standard childhood immunisations for children aged 12 months and five years. Rates for those aged two years were slightly lower.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and this was evidenced within the comments cards.
- Same day appointments were always available for children. Routine appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided contraception services and the GPs fitted intra-uterine devices (coils) as part of a family planning service available to patients.
- Cervical screening rates were high at 87.6% compared locally with a figure of 86.2% and a national average of 81.88%

# Summary of findings

## Working age people (including those recently retired and students)

Good



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

- The practice had attempted to adjust the services it offered to improve access to routine appointments, but there were no extended opening hours available for working people.
- Urgent appointments were available on the day.
- Telephone calls could be booked to consult with the doctor.
- The practice was proactive in offering online services to book appointments or order repeat prescriptions.
- It offered a full range of health promotion and screening that reflects the needs for this age group. This included the promotion of health checks for 40-75 year olds, smoking cessation support and advice on weight management.

## People whose circumstances may make them vulnerable

Good



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

- The practice worked with multi-disciplinary teams in the case management of vulnerable people. Adult safeguarding was incorporated into the monthly multi-disciplinary meetings held at the practice.
- All staff had received training in adult and child safeguarding and knew how to recognise any signs of potential abuse. 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.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It carried out annual health checks for people with a learning disability, although the practice only had two patients on their register.
- The reception team had received some training to help them understand the needs of patients with a learning disability.
- Leaflets for female patients with a learning disability were available to provide information on cervical screening
- It had told vulnerable patients and their carers about how to access various support groups and voluntary organisations.
- Patients who were newly diagnosed with cancer were contacted by telephone and invited in for a consultation and cancer care review.

# Summary of findings

- The practice had a detailed palliative care check-list incorporating all aspects of required care, for example, special notes, anticipatory medications, and discussions on end of life wishes. GPs and nurses participated in monthly Gold Standards Framework meetings
- A wide variety of information was displayed within the waiting area to help provide information and signpost to support services for vulnerable patients and their carers.
- The practice had developed a resource leaflet for staff providing information on local and national cancer and bereavement services, providing a comprehensive overview of available support.

## 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).

- 79% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was 8.3% below the CCG and 4.5% below the England averages. However, exception reporting for this indicator was very low at 2.2%, which was over 6% below CCG and national averages.
- Achievements for mental health indicators was 100%. However, there were high exception reporting rates across the seven indicators measured in this clinical domain. For example, the practice achieved 100% of patients with schizophrenia, bipolar disorder and other psychoses having a comprehensive and agreed care plan documented in their records in the preceding 12 months. However, exception reporting was 46.2% which was 27.6% above the CCG and 33.6% above the England averages.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice actively promoted the Improving Access to Psychological Therapies (IAPT) programme offering psychological therapies for conditions including depression and anxiety.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice organised a successful awareness and advice event in May 2015 as part of the national dementia week. A dementia outreach worker attended the event.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental

Good



## Summary of findings

health, including those with dementia. The practice was a dementia-friendly practice and all practice staff were signed up to become dementia friends. The practice had also involved their PPG in raising awareness of dementia.

- It carried out advance care planning for patients with dementia.
- An audit had commenced on the reappraisal of long-term anti-psychotic medications for patients with dementia. This will be completed and reviewed as a full cycle audit next year.
- The practice had developed their own dementia carers leaflet

# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2015. The results showed the practice was generally performing above local and national averages. 247 survey forms were distributed to patients and 130 of these were returned, equating to a 53% response rate of those invited to participate with the survey.

- 81% of patients found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 95% of patients who responded found the receptionists at this surgery helpful compared to a CCG average of 87% and a national average of 87%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 95% of patients said the last appointment they got was convenient compared to a CCG average of 92% and a national average of 92%.

- 82% of patients who responded described their experience of making an appointment as good compared to a CCG average of 74% and a national average of 73%.
- 47% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 64% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received, however some patients also remarked on difficulties in obtaining a routine GP appointment, and waiting times within the practice.

We spoke with three patients during the inspection. All three patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. However, two of the patients commented on difficulty in obtaining a routine appointment and the length of wait to see the doctor when attending the practice.

# Apple Tree Medical 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 GP specialist advisor, a practice manager specialist advisor, a pharmacist specialist and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

## Background to Apple Tree Medical Practice

Apple Tree Medical Practice is situated in the village of Burton Joyce in the Gedling district of Nottinghamshire. The practice is in a renovated and extended property which was purposely refurbished to provide primary care medical services and has housed the practice since 2000.

The practice is run by a partnership of two part-time GPs (one male and one female), who also employ three part-time female salaried GPs, and two part-time practice nurses. The clinical team is supported by a practice manager and a team of eight administrative, secretarial and reception staff.

The practice also dispenses medications to approximately 450 of its registered patients. This service is only available for patients who reside a mile or more from a local pharmacy. Three members of the reception team provide input into the dispensing service.

Patients reside predominantly within Burton Joyce and the surrounding villages of Lowdham and Lambley. The registered practice population of 3,471 are predominantly of white British background, and are ranked in the lowest

10% level of deprivation across England. The practice age profile demonstrates higher percentages of patients over the age of 40 in comparison to England averages, and this is more significantly defined for patients over the age of 60. For example, the percentage of patients aged 65 and over is 28.8% compared to the England practice average of 16.7%. There are lower percentages of children and younger adults registered at the practice in comparison to England as a whole due to the local demographics.

The practice opens from 8.30am until 1pm in the morning, and from 2pm to 6.30pm Monday to Fridays, apart from Thursday afternoons when the surgery is closed. GP morning appointments times are available from 8.30am (a doctor is on call between 8 and 8.30am) and the session runs until approximately 11.30am, although this can run later dependent on the number of urgent appointments required to be seen. Afternoon GP surgeries run from 3pm, the last scheduled appointment varies each day, the latest being at 5.10pm. The GP will continue to see any patients requesting a later appointment or an emergency appointment after this time until the practice closes. When the practice is closed patients are directed to Nottinghamshire Medical Services (NEMS) via the 111 service.

The practice holds a Personal Medical Services (PMS) contract to provide GP services which is commissioned by NHS England. A PMS contract is one between GPs and NHS England to offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contract by offering variation in the range of services which may be provided by the practice and the financial arrangements for those services. The practice also offered some enhanced services commissioned by the CCG including minor surgery and anti-coagulation.

# Detailed findings

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including NHS England and NHS Nottingham North and East CCG to share what they knew, and provide data on the practice's performance.

We carried out an announced visit on 2 December 2015. During our visit we:

- Spoke with staff including GPs, a practice nurse, the practice manager and a number of reception and administrative staff. In addition, we spoke with a representative of the district nursing team, a manager at a local care home and the attached CCG pharmacist regarding their experience of working with the practice team. We also spoke with patients who used the service, and representatives from the practice patient participation group.
- Observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.

- Reviewed 34 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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

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

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

- Older people
- 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.



# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events and near misses.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events which were reviewed at a monthly clinical meeting for GPs, nurses and the practice manager.

Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw a near miss event in which a hospital consultant had written to the practice recommending a particular medicine for the patient's condition. The GP was not aware of the use of the specified medicine for this condition and researched this further. As no evidence was available to support its prescribing, the GP wrote back to the consultant and it was then realised that the recommendation was an error and the medicine was inappropriate for the patient's condition.

When unintended or unexpected safety incidents were identified, people received support, truthful information, and an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two lead GP for safeguarding, and all the staff we spoke with knew who they were. The GPs held documented quarterly multi-disciplinary safeguarding meetings including the health visitor and school nurse to review any at-risk children, and records were updated after this meeting. Alerts were placed on the records of any vulnerable

children. Other practice staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three, which is the standard requirement for GPs.

- Notices were displayed in the waiting room and on consulting room doors which advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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). The practice had a chaperone policy and information was also available on the practice website.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and worked in conjunction with the practice manager to oversee infection control and cleanliness standards. There was an infection control protocol in place and all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The cleaning was contracted to an external provider and standards were monitored to ensure the practice was cleaned to the required specification. Medical equipment was cleaned by clinical staff after use.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken 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.

### Medicines management

- The practice dispensed medicines to approximately 450 of its patients who resided more than one mile from a pharmacy. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were reviewed regularly and accurately reflected current practice. The practice signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service maintained. Dispensing staff had

## Are services safe?

all completed appropriate training and had their competency annually reviewed. Repeat prescribing was undertaken in line with national guidance. We were shown how dispensary staff checked that all repeat prescriptions had been reviewed and signed by a GP before they were given to the patient. Any changes made to patients' repeat medicines were undertaken by the GP at the surgery. This ensured that patient's repeat prescriptions were always clinically checked. We observed this process was working in practice. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were not always being followed by the practice staff. For example, controlled drugs were being ordered ready for dispensing for a patient and were entered in the controlled drugs register as dispensed for that patient before collection. Once brought to their attention, staff rectified this practice in line with their own standard procedures. There were appropriate arrangements in place for the destruction of controlled drugs.
- There was a completed audit where the dispensary was able to demonstrate the changes resulting since the initial audit. Following the audit, changes to processes were made where needed.
- There was a system in place for the management of high-risk medicines such as warfarin and methotrexate which included regular monitoring in accordance with national guidance. This was not always actioned appropriately, but immediate action was taken by the practice to correct this when brought to their attention.
- Prescription form stock was checked on delivery and then securely stored. Access to forms was restricted to authorised individuals. A record was kept of the distribution of pre-printed prescription form stock within the practice including the serial numbers, where, when and to whom the prescriptions have been distributed.

- We checked medicines stored in the medicine and vaccine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and refrigerator temperature checks were carried out which ensured medication was stored at the appropriate temperature. The stock was date rotated and appeared well managed. The vaccines were delivered straight to the dispensary and placed in appropriate refrigerator.
- The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw evidence that nurses had received appropriate training and been assessed as competent to administer the medicines referred to within the PGD.

### Monitoring risks to patients

Risks to patients were mostly assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had undertaken an internal fire risk assessment and had carried out fire drills. Nottinghamshire Fire Service visited the practice in December 2015 and were satisfied with fire control systems, and made a few recommendations to enhance compliance with fire regulations, and the practice was in the process of addressing these. All electrical equipment had been checked in March 2015 to ensure the equipment was safe to use, and clinical equipment was checked to ensure it was working properly. The practice also had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- Arrangements were in place for planning and monitoring the number of staff and 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 and this incorporated cover during annual leave and sickness.

### Arrangements to deal with emergencies and major incidents

## Are services safe?

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.
- All staff had received basic life support training which was updated in line with requirements according to their clinical or non-clinical roles. There were emergency medicines available in the treatment room.
- Emergency equipment was available including a defibrillator and access to oxygen. When we asked

members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Buddying arrangements were in place with a nearby practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

The practice had just introduced the 'Map of Medicine' to further enhance access to clinical information and guidance. The Map of Medicine is an electronic resource designed to give clinicians instant access to locally customised pathways, standardised referral forms and clinical information to assist with consultations.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 recent published results were 99.8% of the total number of points available (4.7% above the CCG average and 6.3% above the England average), with 8.8% exception reporting (in line with CCG and England averages). The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement when recalled by the practice for reviews. A lower figure can demonstrate a proactive approach by the practice to engage their patients with regular monitoring to manage their conditions. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators at 100% was better than the CCG and national average (12.7% above CCG average and 10.8% above the England average). The practice achievement for specific indicators relating to diabetes was good although some indicators showed variances in the percentage of exception reporting. For example, the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding year) was 150/90 mmHg or less was 93.4%. This was 2% higher than the CCG and England averages with a slightly lower exception reporting rate. However, the percentage of patients with diabetes that had a record of a foot examination in the preceding year was

90.6% (slightly higher than CCG and national averages) but with an exception reporting rate of 13.2% which was just over 5% higher exception reporting than the CCG and national averages.

- The percentage of patients aged 50 to 75, with a fragility fracture on or after 1 April 2012, in whom osteoporosis was confirmed by scan, who were currently treated with an appropriate bone-sparing agent achieved 100% in line with the CCG and 8% above the England averages, with no exception reported cases (CCG values were 27.1%, and 14.1% nationally) .
- The percentage of patients with hypertension having regular blood pressure tests was 88.2% which was 2.7% higher than the CCG average and 4.6% above the England average. This was achieved with a higher prevalence of patients with hypertension being registered at the practice (2.5% above CCG and 3.5% above England averages) and with an exception reporting rate in line with the CCG and national averages.
- Performance for mental health related indicators at 100% was higher than the CCG and national averages of 93.8% and 92.8% respectively
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 79.5% which was 8.3% below the CCG average and 4.5% below the national average. However, it was noted that the practice exception reporting for this indicator was significantly better at 2.2% compared to the CCG figure of 9% and England average of 8.3%

Clinical audits demonstrated quality improvement.

- We saw evidence that clinical audits had been undertaken in the last year; two of these were completed audit cycles where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, an audit of a drug used in the treatment of osteoporosis had initially been undertaken in 2013 following a medicines alert which highlighted a potential associated risk of heart complications. The outcome of the audit was to review all six patients prescribed this medication at this time, an alert was placed on their record, and any risk factors were fully considered. Advice was sought from the hospital consultant who initiated

# Are services effective?

## (for example, treatment is effective)

the medication, regarding its continuation and to consider alternative medications with less risk of heart complications. Patients were reviewed by a second audit in 2015, and only two patients remained using this medication after the audit and they were monitored appropriately.

- The practice responded appropriately to drug safety alerts. We saw evidence of this following an alert received in October 2015 relating to a medicine used in the treatment of an overactive bladder and the potential for associated increased blood pressure. A patient search was undertaken on the computer to see when the last blood pressure check had been undertaken for those who were prescribed this medication. The practice found eight patients who had been prescribed this medication, and seven of these had either ceased the regime or had satisfactory recent blood pressure readings recorded in their notes. However, one patient was highlighted with no recent blood pressure review and was subsequently contacted and asked to attend the practice for a review.
- We spoke to the CCG pharmacist who told us the practice were proactive in approaching the team for support with prescribing audits. The pharmacist has supported three prescribing audits in the practice in the last year including an audit on salbutamol inhalers in asthmatic patients. This identified any patients prescribed more than 12 inhalers over 12 months, which indicated that a review of their condition was required. The pharmacist also advised us that the GPs sent appropriate queries with regards to any complex medication issues to gain an expert view, and confirmed that the practice were receptive to any advice provided.

### Effective staffing

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

- We saw completed induction programmes for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.

- The 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 these learning needs and to cover the scope of their work. Facilitation and support for the revalidation of doctors had been in place and all GPs had been revalidated. The practice nurses were being assisted in preparation for their own revalidation by the practice and engagement with a wider CCG support programme. All practice staff had received an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training incorporating mandatory and key topics required for their roles. The practice were looking into the sharing of resources by developing joint training with a neighbouring practice on infection control. Individuals were supported to develop personally and to help business continuity – for example, one of the administrative staff was about to commence some training in venepuncture and other tasks to develop her skills to support the nursing team.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people were discharged from hospital or were at risk of admission, any patients where there were known or suspected adult safeguarding concerns, and patients with palliative care needs. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and care plans were reviewed and updated after discussions.

The practice had low rates of attendance at Accident and Emergency (A&E) due to its open access for high risk and urgent cases. The practice also valued and regularly

# Are services effective?

## (for example, treatment is effective)

referred individuals to the Crisis Intervention Community Support Service (CICSS) to provide rapid short-term support for vulnerable patients to keep them safe and well and avoid hospital admissions. This included schemes such as night-sitting, meal preparation and collecting prescriptions.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, 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, where appropriate, recorded the outcome of the assessment. The manager of a local care home informed us that the GPs had contributed to mental capacity assessments with their residents.
- When carers were involved, the clinicians ensured they had consent from the patient to involve the carer in discussions about their needs.

### Health promotion and prevention

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 then signposted to the relevant service, for example, community weight management schemes.

The practice's uptake for the cervical screening programme was 87.6%, which was slightly higher than the CCG average of 86.2% and the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, and uptake was higher than CCG and national averages.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages for children aged 12 months and five years. For example, childhood immunisation rates for the vaccinations given to children at 12 months was 100% compared to the CCG average of 95%, and five year olds vaccinations ranged from 92.7% to 100% (CCG 93.8% to 98.1%). Flu vaccination rates for the over 65s were 80.81%, and at risk groups 62.33%. These were above the national averages of 73.24% and 52.29% respectively.

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. The practice had a target to complete 240 of these checks between April 2015 and March 2016 and had completed 70% of these on the day of our inspection. This was showing a significant improvement compared to the previous year's data. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

The practice had a strong patient-centred culture. This was reflected in the practice vision which stated 'safe patient care with compassion and empathy, as we would wish for members of our family, achieving the best possible outcomes'. The GP partners had worked locally for 18 years and many of the practice team had worked for the practice for a number of years. Throughout the day, we observed that all staff interacted well with their patients and clearly knew them very well and understood their individual needs.

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they should ensure their confidentiality. The practice had tried their best to accommodate this within the constraints of their environment. Any spare consulting rooms could be used if available, and if this was not possible, the patients were moved to the far corner of reception where a hatch on the door could be opened to move them from the front of the reception desk.
- We saw reception staff assist an older patient by taking a wheelchair outside upon arrival and helped transfer the patient to a wheelchair. The staff dealt with the patient courteously and with respect.

All of the 34 patient CQC comment cards we received were positive about the levels of care experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 94% of patients who responded said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 95% said the last GP they saw gave them enough time compared to the CCG average of 86% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 95% said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

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

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

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

- 91% respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.

## Are services caring?

- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### **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. A member of the practice team had been appointed as a carer's champion who met with some carers individually to discuss support options available to them, and helped signpost to appropriate groups and services. The champion had attended a countywide meeting to discuss the development of their role, and links had been established with the Carer's Federation. A representative of the Carer's Federation had visited the practice and ensured the champion was provided with up to date information on

carer support. The practice had previously run a carers' support group in the practice and were hoping to get this re-established shortly. Information was also available on a dementia café which ran each month within the county.

The practice's computer system alerted GPs if a patient was also a carer, and 1.8% of patients were on the practice carers' register at the time of our visit. Carers were encouraged to access services such as the health check and flu vaccination programmes within the practice. The practice had added a range of information on their website for carers, including specific information on support services available for carers of people who had dementia.

Staff told us that if families had experienced bereavement, their usual GP sent them a personalised letter. This could be 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. Information on bereavement support was provided, including information for younger people who had experienced bereavement.



# 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.

- There were longer appointments available for people with more complex needs.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had developed their own leaflets for carers of patients with dementia, and had also developed an ante-natal pack for expectant mothers.
- The practice welcomed new mothers to breastfeed on site. Disabled toilet facilities were available, and translation services could be accessed for any patient requiring this service.
- We spoke with managers of two care homes which had patients registered with this practice. The managers told us that the practice provide a lot of support to the home and visited whenever they were asked to do so. One manager described how the GPs provided high quality care to their patients, and interacted with them in a dignified and respectful manner.

However,

- Access to the premises was difficult for patients with a disability. There was no ramped access to the main door, which was not automatic and opened outwards. We observed patients required help to enter the building by ringing a bell or awaiting assistance from others. The main reception desk was high and therefore not conducive for speaking to patients in a wheelchair, although staff would walk around into the reception to talk to the patients face-to-face if required. The self check-in system and posting box for repeat prescriptions were situated at a height that would be difficult for wheelchair users to access. Disabled toilet facilities were available on site. The practice informed us that they were progressing ideas on how they could alter the reception desk with a plan to make changes in 2016, and the PPG had embarked on a fund-raising

venture to purchase automated entrance doors. The practice had a hearing loop but this was broken at the time of our inspection, although we were assured that a new loop had been ordered.

### Access to the service

The practice opened in the mornings from 8.30am until 1pm Monday to Friday. Afternoon opening was between 2pm to 6.30pm Monday to Friday, apart from on Thursday afternoons when the surgery was closed. GP morning appointments times were available from 8.30am (a doctor is on call between 8 to 8.30am) until approximately 11.30am, although this often ran later dependent on the number of urgent appointments required to be seen. Afternoon GP surgeries started at 3pm with the last scheduled appointment varying each day, the latest being at 5.10pm. The GP continued to see patients requesting a later appointment or an emergency appointment after this time until the practice closed. Extended hours' surgeries were not offered at the time of our inspection

In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were available on the day for people that needed them. However, we observed that there were delays in booking routine GP appointments. On the day of our inspection, there was a three week wait to see a GP for a routine appointment and this increased to a six week wait to see one of the GP partners. This was reflected in comments made to us by patients on the day of the inspection, and also in the feedback received as part of our inspection comment cards in which four patients stated the waiting time to get a routine appointment was too long. However, others commented that urgent appointments were available the same day and they greatly valued this aspect of the service. There were five comments related to lengthy waits upon arrival at the practice. These issues had also been highlighted in the practice's own patient survey undertaken in 2014, and the practice had developed an action plan to try and address these problems. Results from the July 2015 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally good but some aspects were mixed.

- 81% of patients said they could get through easily to the surgery by phone compared to a CCG average of 72% and a national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 82% of patients who responded described their experience of making an appointment as good compared to a CCG average of 74% and a national average of 73%.
- 66% of patients who responded said they usually got to see or speak to their preferred GP compared to the CCG average of 56% and national average of 60%.

However,

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 47% of patients said they usually waited 15 minutes or less after their appointment time compared to a CCG average of 64% and a national average of 65%.

The practice were aware of the difficulties with access, and had embarked on a major overhaul of the appointments system with a view to substantially increasing the number of pre-bookable appointments, including some later in the day for working people.

The practice had undertaken an audit of attendance at the local walk-in centre between November 2014 and October 2015. This showed that 121 of their patients had accessed the walk in centre during this period, which was in the middle range when compared to other practices in their CCG. 55% of the patients attended the walk-in centre during working hours, but this had mostly been appropriate as they presented with minor injuries, and had opted not to attend the A&E department.

### Listening and learning from concerns and complaints

The practice had an effective 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 saw that information was available to help patients understand the complaints system including leaflets and information on display in the reception area

We looked at six complaints received in the last 18 months and found these were handled satisfactorily with appropriate investigation into the issue raised. The complaints were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, further to an incorrect test result being given to a patient, the practice used the complaint as a significant event to analyse the event comprehensively. This impacted on the way the practice managed subsequent cases in that if a doctor arranged tests for a patient where there was a high probability of an abnormal result requiring a change in the treatment regime, and the doctor was not due in work when the result was due, an alert would be sent to a colleague to ensure this was dealt with promptly. It also instigated an update to reception protocols and staff training in giving test results to patients. This enhanced safety for patient care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had clear values and objectives and staff knew and understood the values through their induction, team meetings and discussion.
- The practice had developed a five year business plan which reflected the vision and values and this was to be shared with staff to ensure their engagement with the forward plan.

The practice worked well with the CCG and both partners attended the monthly CCG clinical cabinet meeting. The partners produced their own minutes from their attendance at the cabinet and shared these with the practice team. The practice manager attended local practice manager forums and also chaired the CCG locality meetings which comprised of six practices. This group were looking into future developments, for example, GP federations.

The practice had recently met with their CCG Clinical Lead GP to review performance. It was noted that the practice had higher paediatric out-patient referral rates and the practice responded by undertaking an audit of their referrals over the previous six months. Whilst this determined that the referrals were appropriate, the practice did use this as an opportunity to review alternative pathways and seek advice from other GPs in the practice prior to making a referral. This also demonstrated that the practice engaged well with the CCG in reviewing their performance and being responsive to feedback received.

The practice held weekly business meetings. The practice also worked collaboratively with two other practices based in the village, such as in the development of new policies, joint training including a planned infection control update, shared resources, and buddying arrangements.

### 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 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
- A programme of clinical audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour, and had included details of this within a practice clinical protocol. The partners encouraged a culture of openness and honesty. When there were unexpected or unintended safety incident, the practice gave affected people reasonable support, truthful information and an apology

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

- Staff told us that the practice held regular team meetings, usually on a fortnightly basis. As most of the team worked on a part-time basis, it proved challenging to get all staff to meet together. However, meeting days were alternated, and minutes were produced to ensure information was available for those who could not attend. The practice were considering a full staff meeting to be held at the weekend or evening to ensure everyone could be in attendance.
- Clinical meetings were held monthly for the GPs, nurses and practice manager to discuss and review significant events, referrals, alerts and other clinical issues. We saw evidence that these were fully documented.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, by the partners and the practice manager. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. A patient survey had been undertaken in 2013 and 2014 and action plans had been formulated in conjunction with the PPG. In response to comments relating to lengthy waiting times when booking in at reception, the practice had installed a self check-in system within the porch at the entrance to the premises. The practice reviewed the feedback received from the family and friends returns – this had also resulted in the development of an action plan with the PPG
- The PPG was active and met on a regular basis and submitted proposals for improvements to the practice management team. For example, the PPG had initiated a fund raising scheme to purchase automatic entrance

doors to assist with disabled access. The PPG had also highlighted the lack of a health visitor clinic in the village to support new mothers and their babies, which resulted in a clinic being re-established in the village.

- The PPG chair had joined the People's Council, a group co-ordinated by the CCG for PPG chairs in their area to establish a wider network for sharing information and discussion on wider commissioning issues.
- 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 focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had been involved in the General Practice Improvement Programme in May 2015 for a project looking at workplace organisation and minimum job requirements for the administration team. This has resulted in greater clarity in planning tasks in reception, and ensured that the team were able to cover different aspects of work and that tasks were equally shared. A board was placed in the reception office indicating all tasks to be performed, and provided a visual representation of those required to be done, and those that had been completed. This helped to increase the efficiency of the team and ensure key tasks were completed each day.