

Modality Hillcrest Surgery

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?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Modality Hillcrest Surgery on 7 July 2017 and 16 August 2017. 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 report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to safeguard patients from abuse and minimise risks to patient safety. Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice used clinical audits to review patient care and improved services as a result.
- Results from the national GP patient survey showed most patients felt that they were treated with compassion, dignity and respect, and were involved in their care and decisions about their treatment.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services based on feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision, which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- Continue to review, monitor, and act upon patient experience data to drive service improvement. This includes the national GP survey results and satisfaction scores relating to access to services and interactions with GPs.
- Continue to promote patient education and the uptake for health screening programmes including the health checks for people with a learning disability, bowel and breast cancer screening.
- Ensure changes made to monitoring of patients on high risk medicines are embedded.

The areas where the provider should make improvement are:

Janet Williamson

Deputy 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 for reporting, recording, and acting upon significant events. Learning was based on a thorough analysis and investigation; and was shared with external stakeholders to drive improvement to patient care.
- When things went wrong patients were offered support and explanations as well as information about actions taken to improve processes to prevent something similar happening again. Apologies were offered where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Medicines were mostly well managed and the monitoring of a specific high-risk medicine was strengthened because of the inspection findings.
- Risks to patients and staff were assessed and well managed. This included the suitability of equipment, monitoring of fire safety measures and arrangements for dealing with medical and site related emergencies.
- The practice recognised that staffing levels and skill mix of staff could be improved and arrangements were in place to cover staff absences and increase capacity.

Are services effective?

The practice is rated as good for providing effective services.

Good



- There were systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients
- Data from the Quality and Outcomes Framework showed most of the patient outcomes were at or above average when compared to the local and national averages.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. They received inductions, attended staff meetings and training opportunities.
- There was evidence of appraisals and personal development plans for staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice ensured that patients with complex needs, including those with life-limiting progressive conditions were supported to receive coordinated care in liaison with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- We observed a strong patient-centred culture and staff we spoke with were motivated and inspired to offer kind and compassionate care.
- Feedback from patients we spoke with and comment cards received demonstrated that people were treated with dignity and respect and they were involved in decisions about their care and treatment.
- The national GP patient survey results showed the majority of patients rated the practice in line with the local and national averages for several aspects of care. For example, 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 88% and national average of 91%.
- The practice was also considering ways of improving satisfaction scores in respect of GPs involving patients in their care and the manner in which they explained tests and treatments.
- The practice had identified 2% of its patients as carers and staff were proactive in providing personalised support for each carer.
- Patients including carers had access to information about the services and support groups.

Are services responsive to people's needs?

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

Requires improvement



- The majority of the feedback we received during the inspection showed patients could access appointments and services in a way and at a time that suits them.
- However, this feedback was not aligned with the national GP survey results, which showed patients' satisfaction with how they could access care and treatment was significantly below local and national averages.
- For example, 49% of patients described their experience of making an appointment as good compared with the local

Summary of findings

average of 66% and the national average of 73%. The practice staff felt the temporary closure of the main surgery in 2016/17 had negatively affected patients' experience of accessing the service.

- The practice had reviewed the needs of its local population and had made improvements to areas identified. This included refurbishment of the main surgery.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked closely with other professionals and organisations to provide integrated patient-centred care within the community. For example, the diabetes specialist nurse facilitated regular clinics and patients had access to cardiology and dermatology clinics at the provider's associated practices.
- Information about how to complain was available and easy to understand, and the practice responded appropriately when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced at a provider level with stakeholders. Staff were clear about the vision and their responsibilities in relation to it.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a high level of constructive engagement with staff and staff satisfaction. Staff told us that they felt empowered to make suggestions and recommendations for the practice.
- The practice proactively sought feedback from staff and patients, and we saw examples where feedback had been acted on. The practice had a very engaged patient participation group, which influenced practice development.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- Nationally reported data showed that outcomes for conditions commonly found in older people were in line with or above the local and national averages.
- The care and treatment of older patients including those receiving end of life care, reflected current evidence-based practice.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice was responsive to the needs of older patients, offered home visits and urgent appointments for those with enhanced needs.
- Where older patients had complex needs, the practice shared summary care records and / or care plans with local care services.
- Older patients were provided with health promotional advice and support to help maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nationally reported data showed positive outcomes were achieved for long-term conditions that were assessed. For example, performance for diabetes related indicators was 99.5%, which was above the local average of 90.9% and the national average of 89.8%.
- The practice prioritised the identification of patients at risk of diabetes and self-management of diabetes through patient education.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- A flexible appointment system ensured that children could be seen on the same day when this was indicated. This included the use of telephone triage to ensure those with urgent requirements were dealt with promptly and appointments were available outside of school hours.
- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.
- The practice held monthly safeguarding meetings with the health visitor and children on a protection plan or in need were regularly reviewed.
- The practice worked with midwives, health visitors, and school nurses to support this population group. For example, in the provision of antenatal, post-natal and child health surveillance clinics.
- Systems were in place to identify and follow up patients living in disadvantaged circumstances and those at risk of health deterioration. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, published data showed uptake rates for the vaccines given to under two year olds ranged from 89.3% to 90.5%.
- Patients we spoke with on the day and feedback received from our comment cards stated young people were treated in an age-appropriate way and were recognised as individuals.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of this population groups had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, which enabled patients to view their summary care record, book GP appointments and request repeat prescriptions.
- Patients had access to telephone consultations and extended hours for both GP and nursing staff appointments.
- Health promotion advice was offered and a full range of health screening that reflects the needs for this age group were offered. This included NHS health checks and flu vaccinations.
- Published data showed the uptake rates for breast and bowel screening were marginally below the local and national averages, despite a number of measures implemented to promote patient education. For example, breast cancer screening in the last three years was 64% when compared to the local average of 68.6% and national average of 72.5%.

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 safeguarding lead GP regularly worked with other health and social care professionals in the case management of vulnerable patients.
- End of life care was delivered in a coordinated way and took into account the needs of people whose circumstances may make them vulnerable. Patients with palliative care needs were reviewed at a monthly multi-disciplinary team meeting and their care plans were updated and shared with relevant organisations to ensure continuity of care.
- Patients with a learning disability were offered annual health checks and longer appointments when required. The uptake rate for the health checks was 36% at the time of inspection.
- A total of 130 carers were registered with the practice and this equated to 2% of the patient list.
- The practice had information available for vulnerable patients and carers about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people, and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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 and considered the physical health needs of patients with poor mental health and dementia.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.
- Patients at risk of dementia were identified, offered an assessment, and referred to support organisations including a local dementia café.
- The practice carried out advance care planning for patients living with dementia. Following our inspection, we received information that the practice had adopted the care plan developed by the Alzheimer's society UK to ensure patient's individual needs were personalised.
- The practice had information available for patients experiencing poor mental health on how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Published data showed most patients with mental health and dementia had received a review of their health and had a care plan in place.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results were mixed with lower satisfaction scores achieved for questions relating to patient's experience of accessing the service. A total of 376 survey forms were distributed and 107 were returned. This represented a 28% completion rate and 1.6%% of the practice's patient list.

- 71% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the clinical commissioning group (CCG) average of 80% and the national average of 84%.
- 49% of patients described their experience of making an appointment as good compared to the CCG average of 66% and the national average of 73%.

- 44% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. A total of 30 out of 35 comment cards were wholly positive about the standard of care received. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. Less positive comments related to patients experience of accessing the service.

We spoke with 11 patients during the inspection including two members of the patient participation group. The majority of patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to review, monitor, and act upon patient experience data to drive service improvement. This includes the national GP survey results and satisfaction scores relating to access to services and interactions with GPs.
- Continue to promote patient education and the uptake for health screening programmes including the health checks for people with a learning disability, bowel and breast cancer screening.
- Ensure changes made to monitoring of patients on high risk medicines are embedded.

Modality Hillcrest Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Modality Hillcrest Surgery

Modality Hillcrest Surgery is part of a wider group of GP practices registered with the Care Quality Commission under the service provider “The Modality Partnership”. The Modality Partnership is a single GP organisation that operates across 28 different locations in Sandwell, Birmingham, Walsall, Hull and Wokingham. The Modality Partnership comprised of 60 partners at the time of our inspection.

Modality Hillcrest surgery provides primary care services to approximately 6820 patients under a General Medical Services (GMS) contract. It provides services from the below sites:

- Main location – 9 Twickenham Road, Kingstanding, Birmingham, B44 0NN.
- Branch Site - 6 Dyas Road, Great Barr, Birmingham B44 8SF.

The level of deprivation within the practice population is below the national average with the practice population falling into the eighth most deprived decile.

The practice staffing consists of two male GP partners, plus five salaried GPs, a pharmacist, a physician associate, an

advance nurse practitioner, three nurses and two healthcare assistants. The clinical team is supported by a practice manager and a team of reception and administrative staff.

The practice opens from: 8am to 8.30pm on Mondays; 7am to 6.30pm on a Tuesday and Friday; and 8am to 6.30pm on Wednesday and Thursday. Consulting times are generally from 8.30am to 12pm each morning and from 3pm to 6pm daily. Extended hours appointments are offered from 6.30pm to 8.30pm on a Monday evening and from 6.50am to 8am on Tuesday and Friday mornings.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Badger and is accessed via 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 July 2017 and 16 August 2017. During our visit:

Detailed findings

- We spoke with a range of staff (one of The Modality Partnership executive partner's, the lead GP and salaried GPS, a practice nurse, a physician associate, the practice manager, reception and administrative staff)
- We spoke with 11 patients who used the service including two members of the patient participation group.
- We observed how patients were being cared for in the reception area.
- We reviewed a sample of the personal care or treatment records of patients.
- We look at information the practice used to deliver care and treatment plans.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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

Our inspection findings showed the provider had a comprehensive safety system in place and a focus on openness, transparency, and learning when things go wrong.

- Patient safety was monitored within the practice and at a strategic level using information from a wide range of sources. This included significant events, near misses, the review of patient deaths and new cancer diagnosis.
- We found the practice had an effective system in place for reporting, recording and reviewing significant events.
- Staff told us they were encouraged to report incidents within a supportive 'no blame' culture and they had access to significant event reporting forms. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Records reviewed showed 16 significant events had been recorded over the last 12 months. The practice had carried out a thorough analysis of the significant events and the findings were discussed at staff meetings.
- When things went wrong with care or treatment, patients were offered support and explanations. Apologies were offered to patients where appropriate and they were told of measures taken to prevent the same thing happening again.
- The practice monitored trends in significant events and evaluated any action taken to ensure agreed changes had been embedded. A total of 32 significant events had been reviewed in the most recent yearly review and improvements had been made to the systems for processing referrals and the monitoring of fridge temperatures.

Significant events were also shared externally to promote wider learning, improvement to patient care and sharing of best practice. For example:

- All significant events were recorded onto the Modality Sharepoint system and a traffic light system (red, amber

green) was used to rate them accordingly. This information was available to the provider's associated practices and discussed more regularly at the provider's clinical management group meetings.

- Records reviewed showed some significant events were also discussed and shared with other practices within the locality (referred to as the Kingstanding and new Oscott local network meeting), the Local Medical Committee and the Clinical Commissioning Group (CCG).
- The practice was also required to notify the CCG of any incident or near miss using the Datix electronic reporting portal. This allowed the CCG to carry out an investigation and where appropriate, put in place actions to prevent a reoccurrence.

The practice had a process in place to review patient safety alerts received including those from the Medicines Health and Regulatory Authority (MHRA). MHRA alerts were reviewed by the lead GP and those that were relevant to the practice were cascaded to all clinicians. Records reviewed showed patient safety alerts were regularly discussed at the practice's staff meetings and the providers' clinical management meetings. When concerns were raised about specific medicines, searches were undertaken on the clinical system to identify any affected patients and a review of their medicines was arranged to ensure they were safe. Some alerts were also used to inform the selection of audit topics within the practice. The practice maintained a log of the alerts received and the actions taken in response to each alert.

Overview of safety systems and processes

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

Suitable arrangements were in place to safeguard children and vulnerable adults from abuse, which reflected relevant legislation and local requirements.

- Policies related to safeguarding people from abuse were accessible to all staff and outlined whom to contact for further guidance if staff had concerns about a patient's welfare.
- Staff that we spoke understood the safeguarding processes that were relevant to them and all had received relevant training to their role.

Are services safe?

- There was a lead GP for safeguarding, with the appropriate safeguarding training at level three. Practice staff such as GPs, practice nurses and the practice manager attended a monthly meeting held with the health visitor. The meeting minutes we reviewed showed safeguarding concerns relating to families, children and young people were discussed and a number of actions were implemented to minimise the risk of abuse and to protect the concerned patients.
- A traffic light system was also used to risk assess and measure the outcomes achieved for patients; including those on the child protection register, children in need and those with cause of concern.
- The practice had a chaperone policy in place. Notices were displayed in the waiting area and in consultation rooms to advise patients that a chaperone was available for examinations upon request. All staff who acted as chaperones had undertaken training to support their chaperoning duties and had received an appropriate disclosure and barring check (DBS check). DBS

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy.
- There were cleaning schedules and monitoring systems in place.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an IPC policy and supporting procedures available for staff to refer to, which enabled them to plan and implement measures to control infection. This included use of personal protective equipment and management of sharps injuries.
- The most recent IPC audit was undertaken in June 2017 and a number of improvements had been implemented as a result. This included improvements to the management of clinical waste.
- Records reviewed showed a register of staff vaccinations was maintained and staff had received up to date infection control training.

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

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. There were processes in place for handling requests for repeat prescriptions.
- The systems in place for monitoring patients prescribed high-risk medicines were mostly effective. Immediate and appropriate action was taken by the practice in response to our findings to ensure the safety of patients. We also received written assurances to confirm discussions had taken place with practice staff and additional improvements had been made to strengthen the monitoring systems.
- Patient Group Directions (PGD) were in place to allow nurses to administer medicines in line with legislation. The PGDs we reviewed were in date and signed by all nursing staff.
- There was a system for the production of Patient Specific Directions to enable health care assistants to administer specific vaccines and medicines when appropriate.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

The practice had effective recruitment and selection procedures in place. We reviewed three personnel files and found appropriate pre-employment recruitment checks had been undertaken. This included proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

Are services safe?

- There was a health and safety policy available; and the practice fulfilled their legal duty to display the Health and Safety Executive approved law poster in a prominent position.
- The most recent fire risk assessment had been undertaken in January 2017. Regular fire alarm tests and fire safety equipment checks were undertaken.
- There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked yearly to ensure it was safe to use and in good working order. We saw certification to confirm external contractors had carried out portable appliance testing of electrical equipment and calibration of clinical equipment in 2017.
- There were a variety of other risk assessments in place to monitor the safety of the premises and hazards to staff. This included the control of substances hazardous to health and Legionella (a term for a particular bacterium, which can contaminate water systems in buildings). Records showed that water sources were run regularly and temperatures were checked as a control measure.

Staffing levels and skill mix were planned, implemented, and reviewed to keep people safe. This included the use of a rota system for different staff groups to ensure enough staff were on duty to meet the needs of patients. The practice recognised that staffing levels could be improved to increase the practice's clinical and management capacity to meet patient demand. This had been raised

with the provider and a recruitment process was underway. Contingency arrangements included the use of staff from the provider's associated practices or use of locums to cover periods of staff shortages at both sites. Staff told us that they routinely covered for each other during periods of annual leave or sickness.

Arrangements to deal with emergencies and major incidents

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

- All staff we spoke with were aware of how to use the panic buttons and instant messaging system on their computers to alert their colleagues to any emergency.
- All staff had received up to date training in basic life support, cardio pulmonary resuscitation, and / or anaphylaxis.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers; and copies of the plan were held off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The needs of patients were assessed and care was delivered in line with the relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines and locally agreed guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Records reviewed showed staff regularly discussed updates and changes to best practice guidelines at a wide range of practice meetings. The GPs and nurses met informally for coffee at the end of morning surgery for clinical discussions and information sharing.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed the practice had achieved 99.7% of the total number of points available which was above the clinical commissioning group (CCG) average of 95.3% and the national average of 95.4%.

The practice's overall exception reporting rate was 7.3% which was below the CCG and national average of 9.8%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. The practice had consistently maintained a track record of high QOF performance in the last five years with achievements ranging from 94.5% to 99.7%. The practice team told us this was achieved by: adopting a holistic approach to assessing, planning and delivering care and treatment to patients and operating an

effective recall system which was aligned with our inspection findings. Records reviewed showed the practice staff were actively engaged in activities to monitor and improve quality and outcomes; and this included regular meetings to review progress on QOF performance.

Published data from 2015/16 showed:

- Performance for diabetes related indicators was 99.5%, which was above the CCG average of 90.9% and the national average of 89.8%. The exception reporting rate for nine out of ten clinical indicators was below local and national averages.
- Performance for hypertension related indicators was 100%, which was above the CCG average of 97.4% and the national average of 97.3%. In addition, 82% of patients with hypertension had received a blood pressure reading in the preceding 12 months and this was in line with the CCG average of 82% and national average of 83%.
- Performance for dementia health related indicators was 100%, which was above the CCG average of 96.3% and the national average of 96.6. Ninety five percent (95%) of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, compared to a local average of 85% and national average of 84%. This was achieved with an exception-reporting rate of approximately 11%, which was slightly above the local rate of 8% and the national rate of 7%.
- Performance for mental health related indicators was 94.2%, which was above the CCG average of 91.9% and national average of 92.8%. Eighty five percent (85%) of patients experiencing poor mental health were involved in developing their care plan in preceding 12 months, compared to a local average of 88% and national average of 89%. The exception-reporting rate was approximately 2.4%, which was below the local rate of 10.3% and national rate of 12.7%.

Practice supplied data showed an achievement of 99.5% had been made in 2016/17; these results were yet to be verified and published.

There was evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- We were shown seven clinical audits completed in the last two years. Four of these were completed audits where the improvements made were implemented and monitored.
- The practice used guidelines to positively influence and improve clinical practice and outcomes for patients. For example, an audit was undertaken in response to NICE guidance relating to gestational diabetes mellitus. The initial audit showed 20% of patients had received the recommended blood glucose test and improvements were recommended to improve the recall system. A re-audit undertaken two years later showed 89.5% of the patients had received the relevant tests within the last 12 months and letters were sent to patients who had not attended for their annual review.
- The practice also undertook audits related to minor surgery and the use of patient consent forms for implant removal.
- Regular medicines audits were undertaken with the support of the practice pharmacist and CCG pharmacy team. Audits that had recently been completed related to prescribing of controlled drugs, hypnotics and benzodiazepines. One of the audits demonstrated a reduction in overall anti-biotic and hypnotic prescribing; and patient outcomes were better than the CCG and national averages.
- The practice participated in the review of unplanned admissions and readmissions, benchmarking and peer review. Practice supplied data showed benchmarking data for accident and emergency attendances was lower than expected when benchmarked against some practices within the CCG.

Effective staffing

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

- The practice had a role specific induction programme for all newly appointed staff. Staff we spoke with felt they were well supported when they commenced their roles and this included a period of shadowing to learn the practice specific systems and patient pathways.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work via e-learning training modules and face to face training. Staff received training that included customer care,

privacy and dignity, fire safety awareness, information governance, confidentiality and safeguarding. The practice manager maintained a training log to ensure all staff had completed refresher training when required.

- The practice ensured role-specific training and updates were undertaken by relevant staff. For example, clinicians reviewing patients with long term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Practice staff received ongoing support in the form of one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidating GPs and nurses.
- The practice facilitated regular educational meetings for clinicians and this included topics such as Vitamin B12 deficiency management, menopause, headache and migraine pathways. Clinicians also participated in relevant CCG led protected learning time events.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff employed for over a year received an annual appraisal.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. For example, the practice had supported the phlebotomist to complete a national vocational qualification to qualify as a health care assistant.

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.

- This included care plans, medical records and pathology results.
- Records reviewed showed the practice shared relevant information with other services in a timely way, for example when referring patients to other services. The cancer referral process had been audited and findings showed the detection rate was in line with recommended guidance.

Staff worked together with other health and social care professionals to understand and meet the range and

Are services effective?

(for example, treatment is effective)

complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, were referred to secondary care, or after they were discharged from hospital. Information was shared between services with patients' consent. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. A quarterly meeting was facilitated with the community psychiatrist nurse to discuss the care of patients with mental health needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Multi-disciplinary meetings took place every six to eight weeks to review patients on the practice's palliative care register. This included representation from the practice GPs, district nursing staff, community matrons and the Macmillan nurse. Care plans and do not resuscitate documentation (DNA CPR) was updated and shared with the ambulance and out of hours service to ensure continuity of care.

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. Clinical staff were very aware of the requirement to assess children and young people using Gillick competence and Fraser guidelines when providing care and treatment. Gillick competence is used to decide whether a child (16 years and younger) was able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Fraser guidelines relate specifically to contraception and sexual health advice and treatment.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- Clinical staff we spoke with demonstrated that they understood the importance of obtaining informed consent and the process for seeking consent was

monitored through patient records audits. Records reviewed showed consent for specific procedures such as minor surgery were obtained before the procedure was undertaken.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support to live healthier lives and signposted them to relevant services.

- The practice provided a range of support to patients at risk of developing a long-term condition such as diabetes; and those requiring advice on their diet, smoking and alcohol cessation. For example, patients were signposted to the changing health phone application to help them manage their diabetes and to support services for drug and alcohol.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. A total of 600 patients were offered the NHS health check since the start of the scheme and 82% (492 patients) had been completed year to date. Appropriate follow-up action was taken in response to identified abnormalities or risk factors.
- The number of patients on the learning disability register had increased from eight to 59 following the merger with another practice. The clinicians including the health care assistant had been provided with relevant training to ensure patients were provided with health checks in line with recommended guidance. Records reviewed showed all patients had been offered a health check and 21 health checks (36%) had been completed at the time of our inspection.
- The published QOF data showed the practice's uptake for the cervical screening programme was 80%, which was in line with the CCG average of 79% and the national average of 81.5%. Exception reporting was 6% which was below the local average of 9% and national average of 7.5%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Published data showed the uptake rates for:

Are services effective?

(for example, treatment is effective)

- Bowel cancer screening in the preceding 2.5 years was 42% compared to the local average of 50% and national average of 57.8%. Despite the lower than average uptake rates of bowel screening, evidence reviewed showed proactive measures were taken by the practice staff including opportunistic screening.
- Breast cancer screening in the last three years was 64% when compared to the local average of 68.6% and national average of 72.5%.

The practice had implemented measures to improve the uptake rates. This included facilitating a breast awareness week in liaison with the PPG, developing a lead role for staff to engage patients and hopefully increase uptake for screening.

Immunisations for children were carried out in line with the national childhood vaccination programme. Published data showed:

- The uptake rates for the vaccines given to under two year olds ranged from 89.3% to 90.5%. Three out of four types of childhood vaccination were marginally below the national expected coverage of vaccinations of 90%. The practice were aware of the lower values and had initiated some actions to drive improvement. For example, collaborative working had taken place with the health visitors and the practice team monitored the uptake of childhood vaccinations to enable those who did not attend to be followed up.
- Practice supplied data as at 1 April 2017 showed a 90% target uptake rate for the vaccines given to children under two years and five had been achieved. This data was yet to be published.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout the inspection, we found the delivery of person centred and compassionate care was the primary focus of the practice staff. We observed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations, and treatments.
- Doors were closed during consultations with clinicians and conversations taking place in these rooms could not be overheard.
- The practice had explored ways to improve patient confidentiality in the reception area because of patient and staff feedback.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 35 patient Care Quality Commission comment cards we received were positive about the caring nature of staff. Patients described the practice staff as being friendly, polite, helpful, compassionate, and attentive to patient's individual needs. Some patients detailed positive examples to demonstrate how their choices and preferences were valued and acted on. Patients felt the practice offered a very good service and staff treated them with dignity and respect.

We spoke with 11 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Feedback on comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Patients we spoke with on the inspection day and feedback received from our comment cards stated young people were treated in an age-appropriate way and were recognised as individuals.

The national GP patient survey results showed the majority of patients felt they were treated with compassion, dignity, and respect. The practice generally performed in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG and national averages of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 86%.
- 92% of patients said the nurse was good at listening to them compared to the CCG average of 90% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national averages of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us their 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 available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. For example, translation services could be arranged for patients who did not have English as a first language.

We reviewed a sample of care plans for people with long-term conditions, mental health and dementia. Most of the care plans were personalised and improvements could be made to the care plans for patients living with dementia. Following our inspection, we received written assurances that the practice had implemented the care plan developed by the Alzheimer's society UK to ensure patients needs and support were personalised and comprehensively recorded.

The national GP patient survey results showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Satisfaction scores for nurses were in line with local and national averages; and satisfaction scores for GPs were lower.

- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% national average of 85%.
- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.

The practice analysed the survey results and plans were in place to liaise with the PPG and review how they could improve on the areas in which they received lower

satisfaction scores. The GPs and management team had explored areas such as improved communication skills and availability of patient information regarding their tests and treatments.

Patient and carer support to cope emotionally with care and treatment

Staff understood the social needs of the practice population, as it was located within a deprived area. We were shown examples to demonstrate their commitment to working in partnership with patients and carers to help them cope emotionally with their care and treatment.

A wide range of information leaflets and posters were available in the patient waiting area. These informed patients about local and national groups and organisations, which could offer support including a local dementia café. Support for isolated or housebound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 130 patients as carers, which represented 2% of the practice list. Carers were offered health checks, influenza vaccinations and / or referred for social services support to improve their overall care. Carers for patients on the palliative register were signposted to support groups in the local area including one of the local hospices and the carers' emergency response service. Written information was also available to direct carers to the various avenues of support available to them.

A staff member including their usual GP contacted families that had experienced bereavement. Ongoing support was offered to bereaved relatives via a consultation or by directing them to an appropriate support service if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had refurbished the premises at its main surgery and had merged with a neighbouring practice to meet the demands of an increasing patient list size. The practice staff had also used the understanding of their practice population to plan and meet the needs of its patients.

- Patients had the option to access services from the main surgery located in Twickenham Road and a branch site in Dyas Road. The sites were easily accessible for patients with reduced mobility and this included consulting rooms and disabled access toilets being located on the ground floor.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- Patients with hearing impairments had access to a hearing loop.
- Clinical staff facilitated a wide range of clinics and treatment room services as part of chronic disease management. For example, patients had access to ambulatory blood pressure monitoring, phlebotomy, insulin initiation and spirometry (a simple test used to help diagnose and monitor certain lung condition).
- The diabetes specialist nurse facilitated a regular clinic to review patients with complex needs. This enabled patients to access care closer to home and increased the skills of clinicians in managing complex diabetes care.
- Patients with multiple long-term conditions were seen in one extended appointment wherever possible to prevent the need for multiple appointments. A member of administrative staff actively monitored recalls for these patients and contacted those who had not attended planned appointments.
- The practice had expanded the skill mix at the practice to ensure patients received care and treatment to meet

their needs. For example, in addition to GP appointments, patients had access to appointments with a pharmacist, an advance nurse practitioner and a physician associate.

- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- A range of services were offered in the practice to reduce the need for patients to travel. These included joint injections, minor surgery, electrocardiogram (ECG) testing and interpretation. An ECG is a test used to check a patient's heart's rhythm and electrical activity.
- The practice provided neonatal checks, post-natal checks for new mothers and six to eight week baby checks. A midwife also facilitated weekly antenatal clinics.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A range of online services were available including appointment booking and prescription ordering.

A range of appointments were offered to patients. For example:

- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Home visits were undertaken for older patients and others with appropriate clinical needs, which resulted in difficulty attending the practice.
- Longer appointments were available for patients with a learning disability and for those who required them.

The involvement of other organisations was considered integral to providing integrated person-centred care pathways that were closer to patients home. For example, patients could access a wide range of specialist clinics from the provider's associated practices. This included dermatology, rheumatology, urology, gynaecology, cardiology, and ear, nose and throat.

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday apart from Wednesday afternoon when the practice closed at 1pm. The out of hours service provider answered calls when the practice was closed between 1 and 2pm daily, and on Wednesday afternoon. GP consultations times were generally from 9am to 12pm and 2pm to 6pm. Extended hours appointments were offered on Mondays from 6.30pm to 8pm.

We found access to appointments and services was proactively managed to take account of people's needs. The majority of the patient feedback we received was positive about their recent experience of the service. For example, nine out of 11 patients told us they were able to get appointments when they needed them and 30 out of 35 comment cards contained positive views about the ease of telephone access, availability of appointments and waiting times.

This feedback was however not aligned with the national GP patient survey results, which showed patient's satisfaction with how they could access care, and treatment was below local and national averages. For example:

- 71% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the clinical commissioning group (CCG) average of 80% and the national average of 84%.
- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 69% of patients said their last appointment was convenient compared to the CCG average of 75% and the national average of 81%.
- 49% of patients described their experience of making an appointment as good compared to the CCG average of 66% and the national average of 73%.
- 42% of patients said they don't normally have to wait too long to be seen compared to the CCG average of 51% and the national average of 58%.
- 37% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and national average of 71%.

- 21% of patients usually get to see or speak to their preferred GP compared to the CCG average of 49% and national average of 56%.
- 44% of patients would recommend this surgery to someone new to the area compared to the CCG average of 73% and national average of 77%.

The above results were published after the first inspection date and as a result, the practice had not fully considered the contributory factors. However, staff were of the view this had significantly been affected when services were delivered from the smaller branch site for almost a year in 2016/17 whilst refurbishment work was being undertaken at the main surgery. Operating from one site came with its challenges for example reduced consultation and treatment rooms as well as phone lines.

The national GP survey results prior to the refurbishment were slightly higher. For example:

- 97% of patients said their last appointment was convenient compared to the CCG average of 91% and the national average of 92%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.
- 63% of patients would recommend this surgery to someone new to the area compared to the CCG average of 74% and national average of 75%.

Despite the above patient feedback, the practice provided evidence to demonstrate they continually reviewed access to appointments and sought to make improvements. For example:

- The management audited the volume of calls and an automated message informed patients of the waiting time before the call was answered. Adjustments were made wherever possible to improve the availability of appointments and meet the demand.
- The practice had increased the number of incoming lines from four to nine to improve telephone access; and on most occasions, sufficient staff were available to take the calls.
- There was a designated duty doctor each day that assessed requests for urgent appointments and home visits. Staff told us that children aged 16 and under were triaged on the same day.

Are services responsive to people's needs?

(for example, to feedback?)

- The patient participation group (PPG) had facilitated an open day to promote online access.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. For example, posters and leaflets were available in the waiting area, which informed patients how to make a complaint.

The practice had received 29 complaints in last 12 months. Records that we looked at showed the practice had responded to complaints promptly and provided complainants with explanations and apologies where appropriate. On some occasions, this included providing a response to NHS England. Lessons were learned from individual complaints and appropriate action was taken to improve the quality of care.

An annual review of complaints was undertaken to detect any themes or trends to ensure any identified learning had been embedded. The practice sought to involve the whole staff team (and PPG where appropriate) in their review of complaints to ensure learning was widely disseminated. Complaints were regularly discussed at the providers' clinical management group and non-clinical management meetings to promote wider learning within the organisation.

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

- The practice team had contributed to the development of the provider's strategy and some of the GPs had attended the "partners' engagement and strategy event" in July 2017. This event informed the provider's business planning process, prioritisation framework and action points to drive improvement within the practice.
- Records reviewed showed the provider and practice vision was kept under regular review in order to provide flexibility to manage any unforeseen or new requirements. Topics such as business resilience and an update on national events had also been discussed.
- Staff were engaged with the practice vision and were aware of the importance of their roles in delivering it. The practice values included commitment, accountability, responsibility, and excellence (CARE).
- The vision and mission for the practice was shared with patients in practice information leaflets and on the practice website.

Governance arrangements

A strong and effective governance framework ensured the delivery of good quality care.

- The Modality partnership maintained the overarching oversight of governance arrangements including human resource functions with the medical director being accountable for governance and compliance.
- The lead GP for the practice and one of the executive partners showed us evidence to demonstrate that governance and performance management arrangements were proactively reviewed to ensure they reflected best practice and a comprehensive understanding of the performance of the practice was maintained.
- For example, the provider maintained a dashboard, which was kept under review and used to evaluate the performance of its member practices. The lead GP attended the monthly clinical management meetings which included the regular analysis and benchmarking

of QOF performance, referral and prescribing data. Records reviewed showed actions were undertaken when any variances were identified and these were effective in securing improvements.

- Regular meetings were held within the practice and provided an opportunity for staff to learn about the performance of the practice.
- There were appropriate arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions. Every opportunity to learn from significant events and complaints events was identified, recorded, and used to improve practice.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as women's health, diabetes, mental health, and practice development.
- Practice specific policies were reviewed regularly, implemented and available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

The clinical and management team demonstrated they had the experience and capability to run the practice and ensure high quality care; with support from the provider's executive and partnership boards.

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

- The partners and management were visible in the practice and staff told us they were approachable and always took the time to listen to them.
- The practice held regular team meetings for different staffing groups including clinical meetings and reception meetings. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff also said they felt respected, valued and supported by the GPs and the practice manager.

Are services well-led?

Good 

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

- The GPs and practice manager encouraged staff engagement and promoted an ethos of team working within the practice. Some staff told us working at the practice was like being part of a family.
- Staff told us they felt involved and engaged to improve how the practice was run.
- The practice proactively engaged with their clinical commissioning group (CCG) and worked with them to enhance patient care and experience.
- The provider had a process in place for clinical leadership development and progression. This was considered at each partner's appraisal meeting and included lead areas in people management, patient engagement, public health and role modelling.

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

The practice encouraged and valued feedback from patients and staff.

- The practice had gathered feedback through the patient participation group (PPG), patient surveys, complaints and compliments received, responses from the NHS Choices website and the families and friends test. Patient experience was a standing item for discussion on the provider's executive boards.
- We spoke with two members of the current PPG who all described a positive relationship with the practice and described their role as a "critical friend". The PPG met regularly, supported the practice staff with health initiatives, and submitted proposals for improvements.
- Information was shared with patients via a quarterly newsletter and a "you asked and we did model" was used to communicate improvements made within the practice.

- The practice proactively sought feedback from staff and we saw examples where feedback had been acted on. This included changes to the staff rotas and creating new roles to widen the skill set of the clinical team. There were high levels of staff satisfaction and staff were proud of the organisation as a place to work.

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 schemes to improve outcomes for patients in the area. For example:

- The practice participated in peer review meetings with other practices (referred to as Kingstanding & New Oscott aspiring to clinical excellence provider groups). Records reviewed showed discussions centred on pilot projects such as the ambulance triage project, medicines management and significant event discussions to promote wider learning.
- The provider was developing and promoting the use of tools such as SharePoint and TeamSTEPPS[®] which is an evidence-based set of teamwork tools, aimed at optimizing patient outcomes by improving communication and teamwork skills amongst practice staff.
- GPs that were skilled in specialist areas used their expertise to offer additional services to patients acted as a resource for the team. For example, one of the GPs we spoke with was the cardiology lead for the Modality partnership and patients had access to a rheumatologist specialist nurse.