

Springfield Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Outstanding



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 Springfield Surgery on 24 May 2017. Overall the practice is rated as good.

- The practice had a strong vision, which put working with patients to ensure high quality care and treatment as its top priority.
- The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The GP provider ensured all staff were supported to develop their skills and abilities and delegated specific roles and responsibilities. As a result, all business and clinical matters were delivered effectively at the practice.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. The

practice had an inclusive approach and each member of the staff team had responsibility implementing systematic checks to ensure patients received safe and timely care.

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice was committed to evidence based practice to improve the quality of care and treatment. Clinical auditing was based on up to date guidance and research to reflect innovation and the changing clinical needs of patients.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care. The practice offered emergency open access surgeries each morning alongside bookable appointments.

Summary of findings

- The practice had a very active patient participation group (PPG) who were supported and encouraged by the practice to participate in the development and improvement of the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

We saw areas of outstanding practice including:

- The practice supported and facilitated the PPG to meet at regular intervals to discuss the practice developments. The PPG had facilitated for almost one year weekly Walking for Health walks, which were open to all patients. The PPG also held regular Healthy Hazel Grove open day events for all people in the community. Previous event themes including raising awareness of diabetes, healthy lifestyles and the focus for the event planned for June 2017 was social isolation.
- There were thorough governance arrangements in place with dedicated staff roles and framework where a weekly review of GP referrals and the needs of patients discharged from hospital was undertaken. This ensured patients received person centred, safe and effective care and promoted continuous learning and development within both clinical and administration teams.
- The GP provider had created health care information videos which were played in the practice waiting room. For example one of these targeted the older population groups to raise awareness and encourage uptake of the cancer bowel screening test.
- The practice was a participating member of the Stockport Foodbank and issued food vouchers to patients who were in need of this support.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. For example systems were in place so that patients prescribed high risk medicines were monitored regularly to ensure all the required health care checks were undertaken.
- The practice carried out regular infection control checks and monitored standards of hygiene at the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently above average compared to the local and national average.
- Staff were aware of current evidence based guidance and worked with both national and local health care organisations to undertake clinical audits and research to ensure patient care was optimised.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. Members of the administrative practice team had lead roles for specific areas of responsibility. This included leads for referrals management and a care coordinator's role.

Summary of findings

The leads for these carried out weekly audits of all hospital admissions, hospital discharges, two week referrals, secondary care referrals and attendance at the local emergency department.

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

Are services caring?

The practice is rated as good for providing caring services.

Good



- We observed a strong patient-centred culture. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- The practice valued and encouraged patient feedback.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had identified cancer bowel screening as an area for improvement. Therefore the practice's cancer champion was working to identify and encourage patients who would benefit from bowel cancer screening. In addition the GP provider had made health care information videos about this screening and this was played on the TV in the practice waiting room.
- The practice provided care and treatment to patients living in a local care home. Planned weekly visits were undertaken to the care home.
- The practice offered an open access surgery every morning Monday to Friday between 08.30 am to 10.30am. This was for emergencies only.
- The practice arranged, facilitated and supported the patient participation group (PPG) to offer weekly walks (Walks for Health) for all practice patients.

Summary of findings

- The practice supported and facilitated the PPG to run Healthy Hazel Grove community events which were open to all people living in the community.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had recently commenced offering foodbank vouchers to those patients in need.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as outstanding 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 with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- Communication channels within the practice were well established and effective. A thorough structure of internal and external meetings were embedded and ensured information and learning was disseminated and feedback gathered proactively.
- Governance arrangements were effective and included a weekly review of GP referrals and the needs of patients discharged from hospital. This ensured patients received person centred, safe and effective care and promoted continuous learning and development within both clinical and administration teams.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us that they felt empowered to make suggestions and recommendations for the practice.
- The practice gathered feedback from patients and it had a very active patient participation group which influenced practice development.

Outstanding



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.
- Plans were in place to meet future challenges, for example re-designing the practice reception area to provide additional space and patient accessibility.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Planned weekly visits were undertaken to a local care home by a designated GP to monitor their patients' health and wellbeing. This provided continuity of care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example the practice had a staff member designated as a cancer champion. The focus of the cancer champion was to encourage older patients to undertake the bowel screening test.

People with long term conditions

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

Good



- The practice nurse had a lead role in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved similar patient outcomes for the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2015/16 when compared to local and national averages.
- 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.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- 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.

Families, children and young people

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

- Systems were 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 accident and emergency (A&E) attendances.
- Data for childhood immunisation rates for the vaccinations given in 2015/16 indicated that the practice was achieving immunisation rates similar to the CCG averages.
- Quality and Outcome Framework (QOF) 2015/16 data showed that 83% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the local and England average of 75%.
- The practice's uptake for the cervical screening programme was 82%, reflecting the local and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care,
- The practice offered flexible surgery times including morning, afternoon and evening surgeries. Later evening appointments were available until 7.30pm on Tuesdays and the practice opened one Saturday morning each month.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



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

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).

Good



- Patients at risk of dementia were identified and offered an assessment.
- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting within the last 12 months. This was higher than the CCG average of 85% and the England average of 84%.
- The practice carried out advance care planning for patients living with dementia. Care plans were reviewed every six months with the support of a community psychiatric nurse (CPN).
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.

Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which reflected the local average and was similar to the England average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about 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.

Summary of findings

What people who use the service say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing better than local and national averages. A total of 253 survey forms were distributed and 116 were returned. This was a return rate of 46% and represented just over 2% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone, compared to the Clinical Commissioning Group (CCG) average of 79%. The national average was 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 90% 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 83% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards, all but one of which were extremely positive about the standard of care received. Comment cards described the GPs, the practice nursing team and reception staff as being responsive, caring and willing to listen. The service provided at the practice was described as 'excellent' and patients said they had no problems getting appointments. One comment card referred to their dissatisfaction with GP's clinical decisions.

We spoke with three patients who were also members of the patient participation group (PPG). All were extremely complimentary about the quality of care they received from the GPs and their comments reflected the information we received from the CQC comment cards. The practice PPG was proactive and was supported by the GP and practice manager.

Outstanding practice

We saw areas of outstanding practice including:

- The practice supported and facilitated the PPG to meet at regular intervals to discuss the practice developments. The PPG had facilitated for almost one year weekly Walking for Health walks, which were open to all patients. The PPG also held regular Healthy Hazel Grove open day events for all people in the community. Previous event themes including raising awareness of diabetes, healthy lifestyles and the focus for the event planned for June 2017 was social isolation.
- There were thorough governance arrangements in place with dedicated staff roles and framework where a weekly review of GP referrals and the needs of patients discharged from hospital was undertaken. This ensured patients received person centred, safe and effective care and promoted continuous learning and development within both clinical and administration teams.
- The GP provider had created health care information videos which were played in the practice waiting room. For example one of these targeted the older population groups to raise awareness and encourage uptake of the cancer bowel screening test.
- The practice was a participating member of the Stockport Foodbank and issued food vouchers to patients who were in need of this support.

Springfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Springfield Surgery

Springfield Surgery, 24-28 Commercial Road, Hazel Grove, Stockport, Cheshire SK7 4AA is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice confirmed that in the last 12 months the practice list size had grown to 5,400 from 4,960.

The practice is located in a detached building and provides consultation and treatment rooms on the ground and first floor. A passenger lift is not available; however the practice accommodates patients with mobility issues by providing appointments on the ground floor. A hearing loop to assist people with hearing impairment is available. Limited car parking is available at the practice, but additional parking is available close by.

The practice is owned and provided by one male GP who is supported by three female salaried GPs. The practice employs a practice manager, two practice nurses, a health care assistant, an assistant practice manager administrator, and a number of secretarial, reception and administration staff.

The GP practice is a GP training practice.

The practice reception is open from 8am until 6.30pm Monday, Wednesday, Thursday and Friday; and from 8am until 8pm on Tuesdays. The practice also provides a

Saturday morning surgery once a month. GP consultation times are offered Monday to Friday in the morning from 8.30 am. Afternoon and early evening appointments are available Monday to Friday. Later evening GP appointments are available until 7.30pm on Tuesdays.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book appointments and order prescriptions.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The average male life expectancy in the practice geographical area is 80 years which is above both the England and CCG averages of 79 years. Female life expectancy is also higher at 84 years when compared with the CCG and England average of 83 years.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 May 2017.

During our visit we:

- Spoke with a range of staff including the GP, the practice manager, a practice nurse, the health care assistant, a number reception and administrative staff.
- Spoke with three patients.
- Observed how reception staff communicated with patients.
- Reviewed a sample of patients' personal care or treatment records.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any significant incidents and there was a recording form available on the practice's computer system. 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).
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example evidence available showed that following one incident a referral was made to the safeguarding team and following another incident the GP refreshed their training on the Mental Capacity Act and dementia.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We observed that changes in safeguarding contact telephone numbers received by the practice on the day of our visit were provided to all the different staff teams. Two GPs were leads for safeguarding; one for children and one for adults. The lead GP confirmed that they attended safeguarding meetings approximately every two months when possible and provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had

received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and practice nurses to safeguarding level two.

- A notice in the waiting room and each GP consultation room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Daily checks were undertaken on each of the consultation and treatment rooms and regularly checks undertaken on different aspects of the environment to ensure it was safe, clean and promoted infection prevention.
- One practice nurse had recently become the designated lead for infection prevention and control (IPC) and planned to undertake additional training for this role. The practice nurse acknowledged had liaised with the local infection prevention teams to keep up to date with best practice. An appointment with the local infection prevention team had been arranged and the annual infection control audit was scheduled to be undertaken. There was an IPC protocol and staff had received up to date training.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines such as disease-modifying anti-rheumatic drugs (DMARDs) and medicines to treat mood disorders such as lithium. A sample check on patient records showed that these patients received all the required health checks such as blood tests to ensure the medicines were safe for

Are services safe?

continued use. The practice also maintained a spreadsheet of patients prescribed high risk medicines and this was reviewed at least monthly to ensure medicines were prescribed safely.

- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred and a system to check prescriptions had been collected by patients was implemented.
- 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. Systems were in place to monitor their use.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A PGD allows a specified medication to be administered to a particular group of patients by non-prescribing health professionals such as practice nurses.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- A fire risk assessment was available and weekly checks including a fire alarm test were undertaken.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- Other risk assessments available included control of substances hazardous to health (COSHH), and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Staff attended the periodic Clinical Commissioning Group (CCG) training masterclasses for a range of different topics if relevant. The training courses included different subjects such as safeguarding, the mental capacity act and promoting patient self-management.

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). Records showed that the practice had consistently achieved over 97% of the points available since 2010. The most recent published results from 2015/16 showed the practice had achieved 99.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. Clinical exception reporting overall was 6% which was lower than the CCG average of 7% and the England rate of 10%. (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).

Unverified data supplied by the practice for the period 2016/17 showed that the practice had again achieved 99% of the total points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- The percentage of patients with diabetes on the register in whom the last blood test (HbA1c) was 64 mmol/mol or less in the preceding 12 months was 79%, compared to the CCG average of 80% and the England average of 78%. However exception reporting a 10.5% was slightly lower than the CCG average of 11.2% and the England average of 12.5%
- The percentage of diabetic patients with a blood pressure reading 140/80mmHG or less recorded within the preceding 12 months was 81%, the same as the CCG average but slightly above the England average of 78%. Exception reporting for the practice was 2.4%, 6.9% for the CCG and 9% for the England averages.
- The percentage of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 86%, similar to the CCG average of 85%, and above the England average of 80%. Exception reporting was lower at 5.3% compared to the CCG average of 11.3% and the England average of 12.8%.
- 88% of patients with diabetes registered at the practice received a diabetic foot check which was the same when compared with the CCG average and the England average. Exception reporting was lower at 2.8% compared to the CCG average of 8.8% and the England average of 8%.

Other data from 2015/16 showed the practice performance was similar or better than the local and England averages. For example:

- 92% of patients with hypertension had their blood pressure measured as less than 150/90 mmHg in the preceding 12 months compared to the CCG average of 84% and the England average of 82%. Exception reporting was again lower at 0.9%, 1.4% below the CCG average and 3% lower than the England average.
- 83% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG and the England average of 75%. Exception reporting was again lower than the CCG and England averages (0.4% compared with 2.7% and 7.9% respectively).
- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 85% and the England average of 84%. Exception reporting was lower than the CCG and England average averages (2.8% compared with 5.6% and 8% respectively).

Are services effective?

(for example, treatment is effective)

- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which reflected the CCG average and was just above the England average of 89%. Exception reporting was also lower at 5% compared to the CCG average of 8.1% and the England average of 12.7%.

The practice monitored closely patients requiring regular review of their health condition including those with chronic health care needs and those prescribed medicines requiring regular review. Members of the practice administration team attempted to make direct contact with patients by telephoning them to arrange appointments for their reviews.

A comprehensive programme of quality improvement and continuous clinical and internal audit was in place, which was used to monitor quality and to make improvements.

- We reviewed five clinical audits commenced in the last two years. These included first cycle clinical audits for coeliac disease, gestational diabetes and osteoporosis.
- Full two cycle clinical audits and re-audit examples we reviewed included an audit of patients prescribed medicine to treat type 2 diabetes (Sodium-glucose co-transporter-2 (SGLT2) inhibitors); the purpose of which was to identify the health risks associated with this medicine, to identify those who required additional screening such as foot screening and to educate patients about the potential risks. The initial audit identified 75% of patients identified at potential risk had received a diabetic foot check. The re-audit identified that 95% had received this and action had been implemented to ensure the remaining 5% received a review.
- The GP practice had been a part of the 2009 Greater Manchester Collaborations for Leadership in Applied Health Research and Care (CLAHRC) which was a 12 month collaboration involving 19 GP practices to increase the detection rate of patients with chronic kidney disease. Following implementation the practice won awards for having the highest detection rate of this disease. Subsequently the practice had worked with Manchester University undertaking additional research. The GP provider has continued to review and audit the quality of healthcare monitoring of patients with this chronic disease and a recent audit from May 2017

identified the practice needed to improve the uptake of urine albumin to creatinine ratio (ACR). This helps identify kidney disease that can occur as a complication of diabetes.

- The practice worked closely with the CCG to pilot and review the practice's prescribing practices in relation to stoma care. The outcome of the review led to better management of the patients' stoma with an increase in patient satisfaction and a reduction in prescription costs. Following this pilot at the practice the CCG was planning on rolling out the stoma care audit to other GP practices within the CCG area.
- Evidence supplied by the practice demonstrated they involved patients in the review of their prescribed medicine. Monitoring of the practice's prescribing costs by the CCG showed that their prescribing costs in 2016 were below the CCG average by 2% and below the Greater Manchester average by 14%.
- Members of administrative practice team had lead roles for specific areas of responsibility. This included leads for referrals management and a care coordinator's role. The leads for these roles carried out weekly audits of all hospital admissions, hospital discharges, two week referrals, secondary care referrals and attendance at the local emergency department. The results of these audits were reviewed at separate weekly meetings with the GP provider, members of the administration team and GPs. For example:
- The care coordinator met with the lead GP to:
 - Review the healthcare needs of the discharged patients to identify and agree what additional support could be provided to the patients. Telephone contact was then made with the patient if the review identified any potential areas of risk or support that maybe required.
 - The appropriateness of attendances at the local emergency department were reviewed and if assessed as not appropriate an information letter was sent to the patient, gently reminding them of the open access surgeries at the practice.
- The referral management meeting with GPs reviewed :
 - All secondary referrals including peer review to discuss issues and share learning.
 - Significant events and clinical care issues
 - Medicine optimisation

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff told us about the regular ongoing training they had received including safeguarding, fire safety awareness, basic life support and information governance. Practice staff confirmed they had access to online training as well as face to face training. A spreadsheet of all staff training including GPs, nurses and medical administrators was available.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, supervision and facilitation and support for revalidating GPs and nurses.
- All staff spoken with were very positive about working at the practice and we heard how each staff member had been supported to lead on additional areas of responsibility. These additional lead roles included care-coordinator, referral management and medicine optimisation.

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. Systems to monitor and track the status of patient care plans, referrals and hospital discharges were maintained and responded to rigorously when issues were identified.

- Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis
- Care plans were available and were reviewed for patients who required palliative care and those who had complex health care needs.

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. The outcome from one recent significant event resulted in the GP updating their knowledge of this act.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through audits of patient records.

Supporting patients to live healthier lives

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking were supported by the practice. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which reflected the CCG and national averages of 82%.

The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. Data available from the National General

Are services effective?

(for example, treatment is effective)

Practice Profile showed practice's patient uptake of these tests was similar to or slightly higher than the CCG and national average. For example data from 2015/16 showed that 71% of females aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared the the CCG average of 70% and the England average of 72%. Data also showed screening for bowel cancer was slightly higher at the practice with a rate of 60% for people screened within the last 30 months compared to 57% for the CCG and 58% for the England averages. The practice had a designated cancer champion who was trying to raise awareness of the bowel screening test and encourage patients who had not undertaken the bowel self

screening to do so. This was being undertaken by telephoning patients to explain the benefits of the test and opportunistically when patients visited the practice to discuss other concerns.

Data available for childhood immunisation rates for the vaccinations given in 2015/16 indicated that the practice was achieving immunisation rates similar to the CCG.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–75. (Stockport CCG had a local agreement in place with GP practices to review patients from 35 years of age instead of the nationally agreed age of 40 years). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

Fourteen out of the fifteen patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comments highlighted that staff responded compassionately when they needed help and provided support when required. Comment cards described all the staff as being caring and willing to listen. The service provided at the practice was described as 'excellent'.

We spoke with three patients who were also members of the patient participation group (PPG). They were very complimentary about the care provided by the practice and said their dignity and privacy was respected. Their comments reflected the information we received from the CQC comment cards. Patients told us they could get urgent appointments when needed and they liked the open access surgeries each morning.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results were slightly higher than local and national averages for its satisfaction scores on consultations with GPs. For example:

- 96% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and the England average of 89%.

- 97% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 88% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England average of 87%.

The practice also used the annual General Practice Assessment Questionnaire (GPAQ) to seek patient views to review and improve service delivery. The most recent outcome of the survey (May 2017) was available on the practice website. The results showed that patients responded positively to the service provided at the practice and aligned with other data including the GP patient survey. The practice also monitored feedback from the friends and family test and displayed the feedback from patients in the practice waiting room.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They 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.

We saw that care plans were recorded for patients with long term conditions, learning disabilities, mental health,

Are services caring?

dementia, palliative care and unplanned admissions. Patients with asthma and chronic obstructive pulmonary disease (COPD) had personalised management plans in place.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 similar to local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%

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

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

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The GP was knowledgeable about the needs of the practice's patient population and their individual circumstances. The practice signposted patients to community support and education programmes such as the Xpert programme (an education programme for patients with type 2 diabetes), the breathe easy club and the fibromyalgia group.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 94 patients as carers, which was just under 2% of the practice population. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had received a significant diagnosis and or suffered bereavement, then one of the GPs called the patient to offer support and advice in accordance with the patient's preference. When a patient died an email was sent to all staff to ensure they were aware of the death.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- All patients could access extended hours appointments on Tuesday evenings until 7.30pm and on one Saturday morning each month until 11.30am.
- There were longer appointments available for patients with a learning disability or special health care need.
- The practice provided care and treatment to patients living in a local care home. Planned weekly visits were undertaken to the care home. This reduced the number of requests by the care home for home visits and ensured continuity of care for patients. Additional visits were provided in an emergency.
- The practice offered an open access surgery every morning Monday to Friday between 08.30am and 10.30am. This was for emergencies only. The practice team emphasised to patients that routine appointments were available for non urgent appointments.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- The practice facilitated and supported the patient participation group to offer weekly walks (Walks for Health) for all practice patients. The weekly walking groups had been up and running for almost one year.
- The practice supported and facilitated the patient participation group to run Healthy Hazel Grove community events which were open to all people living in the community. These events had previously focused on diabetes and impaired glucose awareness and healthy living. The focus for the June 2017 was social isolation and signposting to community support schemes.
- The practice had a designated cancer champion who was responsible for reviewing and monitoring patients who were eligible for cancer screening tests. The staff member's focus was on patients who had not undertaken the bowel screening test.

- The GP provider had created his own health care information videos which were played in the practice waiting room. For example one of these targeted the older population groups to raise awareness and encourage uptake of the cancer bowel screening test.
- The practice had recently registered with Stockport Foodbank to provide patients in need with food vouchers. Formalised systems to audit and monitor the food vouchers were in place in accordance with the requirements of Stockport Foodbank.

Access to the service

The practice regularly monitored and reviewed its appointment availability against patient demand. The usual GP availability consisted of three or four GPs each morning and two or three GPs in the afternoon and evening. A mixture of urgent and routine appointments were available daily and telephone appointments were available. The practice offered open access every morning for urgent health care needs. This open access surgery operated alongside pre-booked GP surgeries. Patient feedback including that from parents was that they liked the open access surgeries and they could always get an appointment.

The practice reception was open from 8am until 6.30pm Monday, Wednesday, Thursday and Friday; and from 8am until 8pm on Tuesdays. The practice also provided a Saturday morning surgery once a month. GP consultation times were offered Monday to Friday in the morning from 8.30 am. Afternoon and early evening appointments were also available Monday to Friday, with later evening GP appointments available until 7.30pm on Tuesdays.

Results from the national GP patient survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was much higher than local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared with the CCG average of 79% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 89% and the national average of 85%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 72% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

Patients who requested a home visit were telephoned by the GP to discuss the issues affecting that patient. In cases where the urgency of need was so great that it would be

inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We looked at the three complaints received in the last 12 months and found these were responded to appropriately with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example the practice had responded to a complaint regarding end of life care and had contacted members of the community palliative care team to identify where lessons could be learned to improve patient care.

Team meeting minutes provided evidence that complaints and compliments were discussed with staff.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The leadership, governance and culture at the practice underpinned the drive and improvement of the delivery of high-quality person-centred care.

- The practice's values, aims and objectives included, 'To provide healthcare which is available to a whole population and create a partnership between patient and health profession which ensures mutual respect, holistic care and continuous learning and training.' The practice values were driven by the management team and embraced by all practice staff we spoke with. Feedback from staff, patients and the meeting minutes we reviewed showed regular engagement took place to ensure all parties knew and understood the vision and values.
- There was a commitment by all the practice staff to deliver a high quality service. The practice's management strategy was supported by its governance framework which facilitated staff contribution to the aims and objectives and ensured it was inclusive.
- The practice held a range of weekly clinical and administration meetings, regular full team meetings and facilitated and encouraged patient and the local community participation.
- The staff we spoke with were all committed to providing a high standard of care and service to patients. Feedback from patients indicated they felt they had a voice to influence and develop the service they received.

Governance arrangements

The practice had a strong overarching governance framework which supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities and how they contributed to the practice's vision of delivering patient centred care.

- Practice specific policies were implemented and were available to all staff. These were reviewed and up to date.
- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment. The practice participated in national and local clinical audit and research to improve patient outcomes. For example chronic kidney disease and the pilot audit on patients with stomas.
- A comprehensive programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements. Patients were central to the provision of care and services and staff had lead responsibilities for making direct verbal contact with patients to encourage them to attend for reviews and follow up appointments.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effectively established and this included monitoring clinical audit, significant event analysis, complaint investigations and weekly review of referrals including GP peer review.
- The practice encouraged inclusive team work and all staff had been allocated specific areas of responsibility and leadership. GPs and nurses led on clinical areas and administrative and reception staff members were allocated responsibilities commensurate with their role and experience. For example the care coordinator role and the referral management role and process.
- The practice engaged with the Clinical Commissioning Group (CCG) and attended meetings to contribute to wider service developments.

Leadership and culture

On the day of inspection the GP provider of the service demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP and other GPs were approachable and always took the time to listen to all members of staff.

The GP provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support

Are services well-led?

Outstanding



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

training for all staff on communicating with patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty. The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- The practice held and minuted a range of internal and multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and three ½ days per annum were held to undertake specific training, to reflect on the practice achievements and to build on team work.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes of meetings were available for practice staff to view.
- All staff were involved in discussions about how to run and develop the practice, and the GP provider encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example one of the practice nurses told us of their training in providing ear irrigation and following discussion with the GP had developed a clinical protocol and patient consent form so that this service could be offered to the practice patients.
- Staff turnover was low and some staff members had been in post for over 20 years.

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

The practice encouraged and valued feedback from patients and staff.

- The practice was a member of the The National Association for Patient Participation (NAPP). They had an active patient participation group that met regularly throughout the year. Meeting minutes from the last meeting in April 2017 recorded that the GP and practice manager attended this. Areas discussed included a talk about depression, GP practice news and the next Healthy Hazel Grove event planned to take place on a Saturday in June 2017. Members of the PPG confirmed

that the practice involved them and consulted with them. One member told us that the PPG had mentioned that handrails up the stairs at the practice would benefit people climbing these. We heard that these had been fitted within a couple of weeks of the discussion.

- The PPG had their own dedicated notice board which told patients about what activities the practice and PPG facilitated and supported. These included weekly walks (Walking for Health) which were open to all patients. One member of the PPG and the practice manager had received training to lead on these walks. PPG members confirmed that these had been held weekly for almost a year and attendance varied according to patient's personal preferences. In addition the practice tried to support the local community by providing a free event (Healthy Hazel Grove) held at the practice. This had welcomed stalls from different local services such as the local gym and hearing for the deaf to raise awareness of the resources available in the local community. The PPG member said they were trying to organise some music for the next event. They confirmed they advertised the event by passing out leaflets to members of the community outside local supermarkets.
- The practice gathered feedback from patients to review and improve service delivery. This included undertaking an annual patient survey. The practice used the General Practice Assessment Questionnaire (GPAQ) to seek patient views. The most recent outcome of the survey (May 2017) was available on the practice website. The results showed that patients responded positively to the service provided at the practice and aligned with other data including the GP patient survey. The practice also monitored feedback from the friends and family test and displayed the feedback from patients in the practice waiting room.
- There was strong collaboration and support across all staff teams and a shared focus on improving quality of care and people's experiences. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff attended the Clinical Commissioning Group (CCG) training courses (Masterclasses). Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

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

Are services well-led?

Outstanding



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

team was forward thinking and implemented action to improve outcomes for patients in the area. For example they had reviewed their patient population to identify those at risk of developing diabetes and were working to encourage uptake of the cancer bowel screening programme.

- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.

- The practice worked closely with the CCG and was actively involved in research.
- The practice was aware of the future challenges it faced and had plans in place to address these. For example plans were in place to redesign the reception area to provide a more open and accessible space for patients.