

picton @ whetley medical centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced comprehensive inspection of this practice on 8 April 2016 which was previously managed by a different provider, following a number of concerns that were raised with the Care Quality Commission. The previous provider was Dr Subrata Basu.

We rated the practice as inadequate in all five domains of safe, effective, caring, responsive and well led. The practice was placed into special measures and the registration of the provider at that time was cancelled.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Subrata Basu on our website at www.cqc.org.uk.

A new provider, Picton Medical Centre was awarded a contract to provide regulated activities at the same location from 18 April 2016. The new provider changed the name of the practice to Picton@whetley medical centre.

We undertook an announced comprehensive inspection on 2 February 2017 to check that the practice had responded to the concerns which were identified during the inspection of 8 April 2016. The practice is now rated as good overall.

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

- The practice had sought to continuously improve the quality of healthcare offered to patients since being awarded the contract to provide services from this location. For example, they had identified a significant number of previously undiagnosed long term conditions and had improved the systems for reviewing patients' medicine needs, therefore improving health outcomes for patients. In addition they had improved patient access by providing online services and making appointments available for those patients who needed them.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

Summary of findings

- Risks to patients were assessed and well managed including where previous concerns had been identified. For example, we saw evidence of the appropriate provision and management of emergency medicines and vaccines, the implementation of policies and procedures and the proactive and timely review of repeat medicines.
- Staff assessed patients' individual needs and delivered care in line with current evidence based guidance. Additional staff had been recruited and trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. They commented positively on the changes to the practice since the new provider had taken over and on the excellent care and support they had received from the new GPs and the practice team.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP or a nurse and there was continuity of care, with urgent appointments, telephone triage and consultation available the same day.
- The practice had introduced colour coded signs to orientate patients with visual or language issues around the practice.
- A priority moving forward for the practice was to identify if a patient was also a carer. The practice were proactively asking older people at appointments if they had any caring responsibilities and we saw that written information was available to direct carers to the various avenues of support available to them.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was able to evidence that they had reviewed infection prevention and control measures and the health and safety of patients and the environment.

- There was proactive management of the practice and a clear leadership structure. Staff felt very supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The new provider was able to demonstrate an outstanding response to a significant area of concern we had identified at the inspection of the previous provider. At the inspection in April 2016 we saw that clinical decisions were taken at the practice by unqualified staff, which allowed patients to continue to request and receive medication without the review of a clinician. At this inspection under the new provider, we found that a total of 1,065 patients who were registered with the practice and received regular, repeat prescriptions were reviewed by a GP within one month of the new provider being awarded the contract. This had led to urgent referrals being made to secondary care and a total of 3,578 inappropriately prescribed items being stopped. This led to a significant cost saving for the local health economy.
- The practice manager had completed a training programme to issue food bank vouchers to vulnerable individuals and could offer this service to vulnerable patients. We were told that several members of the team also distributed food, sleeping bags and clothing opportunistically to local homeless people on a weekend and encouraged them to register with a GP.

The area where the provider should make improvements are:

- The practice should continue with their plans to identify vulnerable patients and carers and ensure that the service offered continues to meet their needs.

I am taking this service out of special measures. This recognises the considerable improvements the new provider has made to significantly improve the quality of care provided.

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.

At the previous inspection on 8 April 2016 we identified that the registered provider at that time could not evidence systems and processes to assess, monitor or improve the quality and safety of the services provided. At the inspection on 2 February 2017 we saw evidence that the new provider had taken action to address these issues and had implemented systems and processes to reduce harm to patients and keep them safe.

These included:

- There was an effective system in place for reporting and recording significant events. Lessons were shared at staff meetings and by email to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an 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.
- Risks to patients were assessed and well managed. This included the appropriate provision and management of emergency medications, the implementation of policies and procedures and the proactive and timely review of repeat medications.

Good



Are services effective?

The practice is rated as good for providing effective services.

At the previous inspection on 8 April 2016 we found the registered provider at that time had failed to identify the risks associated with not ensuring staff were appropriately qualified or recruited and that clinical decisions were undertaken by unqualified staff. At the inspection on 2 February 2017 we saw evidence that the new provider had taken action to address the issues noted and were providing effective services to patients which met their needs.

These included:

- Staff assessed needs and delivered care in line with current evidence based guidance.

Good



Summary of findings

- A programme of clinical audits had been implemented to drive future improvements.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- A total of 1,065 patients who were registered with the practice and received regular repeat prescriptions were reviewed by a GP within one month of the provider being awarded the new contract. This had led to urgent referrals being made to secondary care, a total of 3,578 inappropriately prescribed items being stopped. This led to a significant cost saving for the local health economy. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- We saw evidence that staff worked with other health care professionals including midwives and community matrons to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

At the previous inspection on 8 April 2016 we found that patients rated the practice lower than Bradford City Clinical Commissioning Group (CCG) and national averages for all aspects of care. There was insufficient information available to help patients understand the services available to them and clinics, appointments and requests for prescriptions were cancelled irrespective of patient needs. At the inspection on 2 February 2017 we saw that the new provider had taken action to address these concerns.

These included:

- Patient feedback, Care Quality Commission comment cards, Friends and Family Test surveys and the NHS choices website all showed that patients rated the practice highly for several aspects of care.
- We saw that staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieve this. We observed a strong patient-centred culture and a desire to improve the services previously offered.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had actively recruited staff from a diverse range of backgrounds with the ability to speak a total of 31 languages reflective of the patient population. The languages spoken included a wide range of eastern European languages, Bengali, Punjabi and Urdu.
- The practice manager had completed a training programme to issue food bank vouchers to vulnerable individuals and could offer this service to vulnerable patients. We were told that several members of the team also distributed food, sleeping bags and clothing opportunistically to local homeless people on a weekend and encouraged them to register with a GP.
- The practice had recently been successful in a bid to become a pilot site to offer the services of an in-house social prescriber to their patients. This non-medical referral option would operate alongside existing treatments in an attempt to improve the health and well-being of patients.
- A priority moving forward for the practice was to identify if a patient was also a carer. The practice were proactively asking older people at appointments if they had any caring responsibilities and we saw that written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

At the previous inspection on 8 April 2016 we found that the practice did not respond to the needs of patients. For example, the previous registered provider had failed to identify the risks associated with the lack of GP and nursing appointments in the afternoon, the cancellation of clinics, not offering patients empty appointments and the review of patients medication needs. At the inspection on 2 February 2017 we saw that the new provider had taken action to address these concerns.

These included:

- Practice staff had reviewed the needs of its local population and we were told of high levels of engagement with the NHS England Area Team and Bradford City Clinical Commissioning

Good



Summary of findings

Group (CCG) to secure improvements to services where these were identified. Two members of the team had lead roles within the CCG. The practice had also recruited extra clinicians to meet patient needs.

- The practice had also liaised with the local community through patient engagement events and asked their opinion on services.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and patient engagement events, including using colour coded signs to orientate people around the building for those who could not read.
- Patients could access appointments and services in a way and at a time that suited them. The practice had implemented same day appointments, telephone consultations and a choice of routine appointment times and clinicians. The new provider had also introduced online services and we saw that 19% of patients had signed up to access these. Patients were offered an extended hours service at a nearby location including Saturday mornings.

Are services well-led?

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

At the previous inspection on 8 April 2016 we found that the practice under the direction of the previous provider was not well led. For example, there was no clear leadership structure in place and staff did not feel supported by the practice manager. We were told by staff of a blame culture and the registered provider did not seek or act on feedback from staff or patients. At the inspection on 2 February 2017 we saw that the new provider had taken action to address these concerns.

These included:

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been reviewed by the team and staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt very supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff we spoke with on the day of inspection were enthusiastic and motivated to achieve good outcomes for patients. Staff were overwhelmingly positive about their roles and the support they received.
- There was a strong focus on continuous learning and improvement at all levels. We saw evidence of ongoing training plans, appraisals and development plans for staff.
- Under the terms of an alternative provider medical services (APMS) contract the practice was not obligated to have a patient participation group; however we saw that the practice was proactive in requesting feedback from the patient group and had organised patient engagement events.

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



- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients aged over 75 had a named GP and had been invited or attended a health check. We were told that health checks for all patients aged 65 and over would be completed by March 2017.
- The practice were proactively using the health check appointments to screen patients for dementia using a recognised assessment tool and to identify carers within the practice population. Patient packs were available which gave information to older patients regarding relevant services.
- The practice was proactive in meeting the needs of older people, and offered home visits, vaccinations, blood tests, medicine reviews and long term conditions reviews in the patient's own home.
- The practice had increased the support available to older people which included reviews by the GP and community matron as necessary. Referrals would be made to carers' support and voluntary services including benefits advice services if necessary.
- Urgent appointments were available for older patients and those who were deemed vulnerable also had access to a dedicated telephone line to enable easy communication with the practice.
- The practice had developed a template for unplanned admissions and we saw that care plans were in place and that all patients in this group were reviewed every three months.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and regularly reviewed.
- Patients would be invited to reviews by telephone so that they could pick a time and date to suit them and speak to a member of staff in their own language.

Summary of findings

- For Diabetic patients, Insulin initiation and monitoring had been introduced and the practice had identified 24 new patients with diabetes and 30 new patients with asthma within a nine month period. ECGs, spirometry and 24 hour blood pressure monitoring were available at a neighbouring practice.
- The new provider had undertaken 129 diabetic checks in the nine months from April 2016 which was over twice as many as the previous 12 months under the previous provider.
- Longer appointments, urgent appointments and home visits were available when needed.
- All these patients had a named GP and 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 including voluntary services and the community matron.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 76% and the national average of 82%. However, evidence showed that the new provider had conducted 101 cervical screening tests in the nine months prior to our inspection compared to 78 in the previous year under the previous provider.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held quarterly meetings with midwives, health visitors and school nurses. When appropriate the practice would invite representatives from the local family centre to meetings.
- Antenatal clinics, eight week baby checks, and initial childhood immunisations were available at the practice.
- The practice engaged with a national children's charity to review how they worked with children and young people and had a teenage confidentiality policy in place.

Good



Summary of findings

- The practice made patients aware of additional services available in the local community including sexual health advice for young people and advice on weaning and nursery places.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had enhanced the services previously offered to include early morning extended hours access and a Saturday morning clinic at a neighbouring surgery.
- Telephone triage and consultation was available.
- The practice had introduced online services, a text message reminder and results service and had a social media page to improve communication and ease of access for the patient population.
- Patients could book appointments and reviews up to eight weeks in advance and longer if clinically necessary.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered annual reviews and longer appointments for patients with a learning disability. Longer appointments were also available for those with complex needs.
- The practice had introduced colour coded signs to orientate patients with visual or language issues around the practice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice hosted a patients advisory session each week to support patients with social issues including housing problems, debt, immigration and benefits advice.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

- The practice manager had completed a training programme to issue food bank vouchers to vulnerable individuals and could offer this service to vulnerable patients. We were told that several members of the team also distributed food, sleeping bags and clothing opportunistically to local homeless people on a weekend and encouraged them to register with a GP.
- Patients could take advantage of walking groups arranged from the Westbourne Green site.
- The practice could evidence that previous high numbers of emergency admissions to hospital had reduced since April 2016 by 15% and was now 8% below the CCG average.
- A priority moving forward for the practice was to identify if a patient was also a carer. The practice were proactively asking older people at appointments if they had any caring responsibilities and we saw that written information was available to direct carers to the various avenues of support available to them.

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).

- Staff had a good understanding of how to support patients with mental health needs and dementia. A programme of proactively screening older patients for dementia was underway; this would ensure that annual reviews and support was available for these patients.
- Evidence supplied by the practice showed that in the nine months between April 2016 and January 2017, 71% of patients with schizophrenia, bi-polar affective disorder and other psychoses had a comprehensive care plan recorded in their notes. The previous provider average was 75% for the year 2015/2016, compared to the CCG average of 90% and the national average 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including groups specifically targeted at patients from South Asian origins.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and related to the previous provider. The results showed the practice under the previous provider was performing below local and national averages. Data showed that 341 survey forms were distributed and 57 were returned. This represented a response rate of 17% (national average 38%) or 4% of the practices' patient list.

- 35% of patients found it easy to get through to this practice by phone compared to the CCG average of 53% and the national average of 73%.
- 54% 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 70% and the national average of 76%.
- 34% of patients described the overall experience of this GP practice as good compared to the CCG average of 70% and the national average of 85%.
- 24% 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 58% and the national average of 79%.

In response to these issues the new provider had ensured that more staff were available to answer the telephones and that a range of appointments types and extended hours access was offered. Staff told us they were confident that the patient experience had improved. A survey undertaken by the practice in September 2016, asked patients 'how do you rate the new appointment system?'. Thirty-one responses were received with a score of one being poor and ten being excellent. Results showed that 90% of patients scored the new system at eight or above.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards of which 42 (89%) were very positive about the standard of care received.

Patients stated that the service was much improved and that appointments were available: staff were described as excellent, helpful and caring. One patient said they did not like to discuss the reason for the visit with reception staff but also said the service was much better and one patient said they struggled to get an appointment. Two neutral comments were received.

The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family. Results showed that from April 2016, of 268 responses, 96% of patients would be likely or extremely likely to recommend the surgery to their friends and family.

We spoke with two patients during the inspection by telephone to further explore comments on the cards and one patient in the waiting room. The patient in the waiting room was registering after hearing good comments about the practice. One patient who told us on the comments cards they were unhappy with the service said they were unhappy with the care given to a member of their family and that the complaints system needed to improve. A third patient said they were listened to and treated with dignity and respect.

The practice told us that they took all comments from patients seriously and were continually looking to improve their services.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should continue with their plans to identify vulnerable patients and carers and ensure that the service offered continues to meet their needs.

Summary of findings

Outstanding practice

- The new provider was able to demonstrate an outstanding response to a significant area of concern we had identified at the inspection of the previous provider. At the inspection in April 2016 we saw that clinical decisions were taken at the practice by unqualified staff, which allowed patients to continue to request and receive medication without the review of a clinician. At this inspection under the new provider, we found that a total of 1,065 patients who were registered with the practice and received regular, repeat prescriptions were reviewed by a GP within one month of the new provider being awarded the contract. This had led to urgent referrals being made to secondary care and a total of 3,578 inappropriately prescribed items being stopped. This led to a significant cost saving for the local health economy.
- The practice manager had completed a training programme to issue food bank vouchers to vulnerable individuals and could offer this service to vulnerable patients. We were told that several members of the team also distributed food, sleeping bags and clothing opportunistically to local homeless people on a weekend and encouraged them to register with a GP.

picton @ whetley medical centre

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 second CQC inspector.

Background to picton @ whetley medical centre

Picton@whetley medical centre provides services for 1,539 patients and is situated within Whetley Medical Centre at 3 Saplin Street, Bradford, West Yorkshire, BD8 9DW.

Picton@whetley medical centre is situated within the Bradford City Clinical Commissioning group (CCG) and provides primary medical services under the terms of an Alternative Provider Medical Services (APMS) contract. This is a contract between general practices and primary care organisations for delivering services to the local community.

They offer a range of enhanced services such as, learning disabilities health check scheme and the avoiding unplanned admissions and proactive care management scheme.

There is a higher than average number of patients under the age of 39, in common with the characteristics of the Bradford City area and fewer patients aged over 40 than the

national average. The National General Practice Profile states that 67% of the practice population is from an Asian background with a further 8% of the population originating from black, mixed or non-white ethnic groups.

There are two male GP partners and two permanent male locum GPs. The practice is also staffed by two part time practice nurses and an advanced nurse practitioner (ANP) plus an ANP in training and has a part time health care assistant (HCA), all of whom are female. The practice is also supported by a pharmacist from the CCG.

The clinical team are supported by a practice manager, a business services manager and a team of administrative staff.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 75 years compared to the national average of 79 years. Female life expectancy is 80 years compared to the national average of 83 years.

The surgery is situated within a large health centre which also hosts other GP surgeries. Car parking is available. The surgery has level access and disabled facilities.

Picton@whetley medical centre reception is open between 8.00am and 6pm Monday to Friday and appointments were available from 8.30am to 6pm daily at this location. Extended hours access was available at the providers' Westbourne Green site (approximately four minutes' walk away) from 7am on a Thursday and 7.30am on a Friday morning. Patients could also see a Nurse, ANP or a HCA on a Saturday between 9am and 1pm at the Westbourne Green site.

Detailed findings

The Out of Hours walk-in service is provided by an external contractor, Local Care Direct at Hillside Bridge Health Centre. Patients are also advised of the NHS 111 service.

On 8 April 2016 an unannounced comprehensive inspection was carried out at this location. Numerous concerns and breaches of the Health and Social Care Act were found and the decision was taken to suspend the registration of the provider. The previous provider was asked to provide a detailed action plan to the Care Quality Commission (CQC) in response to the breaches of regulations identified.

The action plan submitted did not assure the CQC the provider had the ability to make the necessary changes and the registration of the provider was cancelled.

The service was placed into special measures and a new provider, Picton Medical Centre was awarded the contract to provide services from the same location on 18 April 2016. The service was re-named Picton@whetley medical centre.

Why we carried out this inspection

We carried out an announced 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 new provider is meeting the legal requirements and to review the breaches of regulations identified at the last inspection of the previous provider in April 2016. We also looked at the overall quality of the service to enable us to provide an updated rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and Bradford City Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice provided both

before and during the inspection. We also reviewed the latest available data from the Quality and Outcomes Framework (QOF), national GP patient survey data, and the NHS Friends and Family Test (FFT).

We carried out an announced visit on 2 February 2017. During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, the business manager, a member of nursing staff, a health care assistant and two members of non-clinical staff.
- Observed how patients were being cared for and treated in the reception area.
- Spoke with two patients on the telephone and one patient in reception.
- Reviewed templates, care plans and information the practice used to deliver patient care and treatment plans.
- Reviewed 47 comment cards where patients shared their views and experiences of the service.
- We reviewed meeting minutes where complaints, significant incidents and medical alert updates were discussed.

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).

Detailed findings

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

At the previous inspection on 8 April 2016 we identified that the registered provider at that time could not evidence systems and processes to assess, monitor or improve the quality and safety of the services provided. At the inspection on 2 February 2017 we saw evidence that the new provider had taken action to address these issues and had implemented systems and processes to reduce harm to patients and keep them safe.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, The practice had managed a number of incidents which had been highlighted by the new GPs working at the practice, including where a patient had been commenced previously on an inappropriate medication which was then reviewed and stopped.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nursing staff were trained to level two.

- A notice in the waiting room advised patients that chaperones were available if required. We found that all staff who acted as chaperones had undergone training 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). Staff who acted as chaperones told us that they would record this in the patient notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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 protocol in place and most staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw evidence that the practice planned to replace some fabric chairs which they had inherited when they took over from the previous provider.
- The arrangements for managing medicines, including emergency medicines and vaccines, had been thoroughly reviewed and kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines and we saw evidence of proactive and timely review of patients' repeat medications. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads

Are services safe?

were now securely stored in a locked cupboard and systems had been introduced to enable staff to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions to administer medicines to patients, usually in planned circumstances. The Health Care Assistant did not administer vaccines or medicines.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). One nurse had a DBS from her previous employer and the practice had made thorough checks and risk assessed this whilst a further DBS was applied for; this was ongoing.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments, weekly maintenance checks were carried out and annual fire drills. Following our inspection the practice sent us confirmation that staff had updated their fire training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and Legionella, (Legionella is a term for a bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and we saw that clinicians would offer additional appointments at busy periods.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Panic buttons were also located around the practice.
- 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. On the day of our inspection we found the bag containing the emergency medicines was difficult to open. The practice said they would replace this immediately.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and paper copies were held by key members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

At the previous inspection on 8 April 2016 we found the registered provider at that time had failed to identify the risks associated with not ensuring staff were appropriately qualified or recruited and that clinical decisions were undertaken by unqualified staff. At the inspection on 2 February 2017 we saw evidence that the new provider had taken action to address the issues noted and were providing effective services to patients which met their needs.

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results did not relate to the current provider and the practice were working to improve outcomes for patients.

- Performance for diabetes related indicators was worse than the national average. For example the percentage of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March 2016 who had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register was 67% compared to the CCG average of 84% and the national average of 93%. The new

provider had already identified 24 patients as previously undiagnosed diabetics and had undertaken 129 diabetic checks, which was over twice as many as the previous 12 months under the previous provider.

- Performance for mental health related indicators was worse than the CCG and national average under the previous provider. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of blood pressure in the preceding 12 months was 75% compared to the CCG and national average of 89% with 50% exception reporting. (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). The CCG average for exception reporting in the area was 8% and the national average 9%. We saw that 100% of patients with mental health issues registered at the time of the February 2017 inspection had a record of their alcohol consumption under the new provider.
- A total of 1,065 patients who were registered with the practice and received regular repeat prescriptions were reviewed by a GP within one month of the new provider being awarded the new contract. This had led to urgent referrals being made to secondary care and a total of 3,578 inappropriately prescribed items being stopped. This led to a significant cost saving for the local health economy.

There was evidence of quality improvement including clinical audit.

- A programme of clinical audits had been implemented to drive future improvements. Whilst these audits were not yet two cycle audits we saw several examples of these improving care for patients. The practice had used audit to plan to reduce antibiotic prescribing and review the care and medication needs of patients with atrial fibrillation and we saw that plans were in place for audits to be repeated.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Practice nurses told us that they regularly attended the CCG led practice nurse forum meetings.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and said they felt very supported by the practice partners and management.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Training updates were ongoing.

Coordinating patient care and information sharing

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

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

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 including midwives and community matrons on a monthly basis when care plans were routinely reviewed and updated for patients with complex 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. A teenage confidentiality policy was in place.
- 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 patient records audits.

Supporting patients to live healthier lives

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

- Patients were signposted to the relevant service to meet their needs. The practice would refer patients to culturally appropriate services where possible and were working to identify patients with additional needs such as those with dementia and carers.
- A dietetic support and smoking cessation advice was available and the practice hosted a patients advisory session each week to support patients with social issues including housing problems, debt, immigration and benefits advice.
- Patients could take advantage of walking groups arranged from the Westbourne Green site.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 76% and the national average of 82%. Evidence showed that the new provider has conducted 101 cervical screening tests in the nine months prior to our inspection compared to 78 in the previous year under the previous provider. The practice had the ability to offer telephone reminders for

Are services effective?

(for example, treatment is effective)

patients in their own language who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for all patients they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. This had remained high under the new provider. For example, evidence supplied by the practice showed that childhood

immunisation rates for children eligible for vaccines at January 2017 for under two year and five year olds were at 100%. Previous results under the previous provider had ranged from 53%-100% for two year olds, CCG average of 62% to 94% and 79%-100% for five year olds, CCG average 55% to 90%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. The practice were using the health checks as a forum to identify and assess patients with dementia and to identify those with a caring responsibility who may need additional support. 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

Our findings

At the previous inspection on 8 April 2016 we found that patients rated the practice lower than Bradford City Clinical Commissioning Group (CCG) and national averages for all aspects of care. There was insufficient information available to help patients understand the services available to them and clinics, appointments and requests for prescriptions were cancelled irrespective of patient needs. At the inspection on 2 February 2017 we saw that the new provider had taken action to address these concerns.

Kindness, dignity, respect and compassion

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Incoming calls made to the practice were answered in the reception office to ensure that confidentiality for patients was maintained when booking appointments.
- The practice manager had completed a training programme to issue food bank vouchers to vulnerable individuals and could offer this service to vulnerable patients. We were told that several members of the team also distributed food, sleeping bags and clothing opportunistically to local homeless people on a weekend and encouraged them to register with a GP.

The majority of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a much improved service than previously and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients had not always felt they were treated with compassion, dignity or respect by the previous provider. The practice had been below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 37% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 80% and the national average of 89%.
- 47% of patients said the GP gave them enough time compared to the CCG average of 76% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 42% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 76% and the national average of 85%.
- 68% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 45% of patients said they found the receptionists at the practice helpful compared to the CCG average of 76% and the national average of 87%.

A patient survey undertaken by the new provider in September 2016 showed that of 31 responses, 97% of patients had scored the clinical and admin staff at least eight out of ten for carrying out their roles to a high standard.

Care planning and involvement in decisions about care and treatment

Patients had previously told us at the inspection in April 2016 that they did not feel involved in decision making about the care and treatment they received from the previous provider. They told us they did not feel listened to, supported by staff or had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the 47 comment cards we received at the inspection on 2 February 2017 was positive and showed that 89% of patients were happy with the care offered by the new provider.

Results from the national GP patient survey undertaken under the previous provider showed patients responded

Are services caring?

negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 35% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 77% and the national average of 86%.
- 37% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 70% and the national average of 82%.
- 67% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and staff had the ability to speak to patients in their own languages including south Asian and eastern European languages.
- Information leaflets were available in easy read format and we saw that a small number of leaflets and posters were displayed in other languages.

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 register for on line services and how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

A priority moving forward for the practice was to identify if a patient was also a carer, as under the previous provider there were no carers coded appropriately. The practice were proactively asking older people at appointments if they had any caring responsibilities and we saw that written information was available to direct carers to the various avenues of support available to them. A carer's board was also visible in reception.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. In recognition of the religious and cultural observances relevant to the practice population, the GPs would give families their personal mobile telephone numbers and respond quickly, often outside of normal working hours, in order to provide the necessary death certification to enable prompt burial in line with families' wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At the previous inspection on 8 April 2016 we found that the practice did not respond to the needs of patients. For example, the previous registered provider had failed to identify the risks associated with the lack of GP and nursing appointments in the afternoon, the cancellation of clinics, not offering patients empty appointments and the review of patients medication needs. At the inspection on 2 February 2017 we saw that the new provider had taken action to address these concerns.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with other providers, the NHS England Area Team and Bradford City Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice participated in CCG led initiatives such as Bradford Beating Diabetes and had recently been successful in a bid to become a pilot site to offer the services of an in-house social prescriber to their patients. Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.

- The practice offered early morning appointments at the providers' Westbourne Green site from 7am on a Thursday and 7.30am on a Friday morning. Patients could also see a Nurse, ANP or a HCA on a Saturday between 9am and 1pm at this site.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice, medicine reviews were also conducted for these patients in their own homes.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Requests for longer appointments from patients were assessed by the GP and if clinically necessary an alert was placed on the patient notes to inform all future appointments.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.

- There were accessible facilities, colour coded door signs for people who could not read, a hearing loop, multi-lingual staff and translation services available.

Access to the service

Picton@whetley medical centre reception is open between 8.00am and 6pm Monday to Friday and appointments were available from 8.30am to 6pm daily at this location. Extended hours access was available at the providers' Westbourne Green site (approximately four minutes' walk away) from 7am on a Thursday and 7.30am on a Friday morning. Patients could also see a Nurse, ANP or a HCA on a Saturday between 9am and 1pm at the Westbourne Green site.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, the practice could book additional appointments further in advance if necessary. Same day appointments were also available for people that needed them.

Results from the national GP patient survey showed that previous patient satisfaction with how they could access care and treatment under the previous provider was poor when compared to local and national averages.

- 42% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 78%.
- 35% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and the national average of 73%.

People told us on the day of the inspection that they were now able to get appointments when they needed them. The practice told us that they had also allocated more staff to answering telephones and had implemented a new 'same day service' for appointments which was popular with patients. On the day of our inspection we reviewed available appointments and saw evidence that patients could be seen on the day of our inspection and that a patient wanting to be seen for a routine appointment could be seen within two days.

The practice had a system in place to clinically triage and assess patients and the practice had also developed a home visits and messages protocol. This was used to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

Are services responsive to people's needs?

(for example, to feedback?)

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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that a complaints leaflet was available to help patients understand the complaints system.

The practice had not received any written complaints since April 2016. We looked at five verbal complaints which had been documented and we saw evidence that these were satisfactorily handled, dealt with in a timely way and with openness and transparency.

Lessons were learnt from individual concerns and complaints and the practice was continually analysing these complaints to identify trends.

Are services well-led?

Good 

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

Our findings

At the previous inspection on 8 April 2016 we found that the practice under the direction of the previous provider was not well led. For example, there was no clear leadership structure in place and staff did not feel supported by the practice manager. We were told by staff of a blame culture and the registered provider did not seek or act on feedback from staff or patients. At the inspection on 2 February 2017 we saw that the new provider had taken action to address these concerns.

Vision and strategy

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

- The practice had a mission statement which was displayed in the practice and staff we spoke with were clear about the values of the practice and motivated to deliver good quality, patient centred care.
- The practice had a strategy and supporting business plans which reflected the vision and values and these were regularly monitored.
- We saw that the safety of patients and the quality of the care delivered had been prioritised by the management and partners of the practice. Additional plans to improve the overall quality of the service were in place and we saw that these were regularly reviewed and action taken.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained, staff were allocated lead roles and areas of responsibility.
- A programme of ongoing clinical and internal audit had been implemented to monitor quality and to make improvements. However, at the time of our inspection, there had been no two cycle audits completed to demonstrate improvements made.

- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the motivation, 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 partners and practice management were very approachable and always took the time to mentor, assist and listen to all members of staff.

The provider was aware of and had systems in place 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 training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a genuine culture of openness and honesty which all staff discussed in a positive manner. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology when necessary.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- 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. We noted that the team had held an away day and took time to discuss their progress at the practice.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We found that staff were inspired and motivated to achieve good outcomes for patients.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, the public and staff. A member of the reception team proactively sought patients' feedback at every visit, displayed patient comments in the public areas which were acted upon, and engaged patients in the delivery of the service. Motivational messages were also displayed for staff.

- The practice had gathered feedback from patients through patient engagement events and through surveys and complaints received. Under the terms of an alternative provider medical services (APMS) contract the practice was not obligated to have a patient participation group; however we saw that the practice was proactive in requesting feedback from the patient group and had organised patient engagement events.
- Proposals for improvements to the practice were presented to the management team. For example, the practice had colour coded signs on the doors to orientate patients who may not read the language displayed, to a clinicians' room.
- The practice had gathered feedback from staff through an annual staff survey, a staff away day and generally through staff meetings, appraisals and ad hoc discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they thought

the practice was 'brilliant' and numerous staff stated that they really enjoyed their role. Staff felt involved, engaged and encouraged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had recently been successful in a bid to become a pilot site to offer the services of an in-house social prescriber to their patients. This non-medical referral option would operate alongside existing treatments to improve the health and well-being of patients.

The practice had sought to continuously improve the quality of healthcare offered to patients since being awarded the contract to provide services from this location. For example, they had identified a significant number of previously undiagnosed long term conditions and had improved the systems for reviewing patients' medicine needs therefore, improving health outcomes for patients. In addition they had improved patient access by providing online services and making same day appointments available for those patients who needed them.

The practice shared with us their plans to hold further patient engagement events and mental health events.