

Hilton House Surgery

Quality Report

77 Swan Street
Sible Hedingham
Halsted
CO9 3HT
Tel: 01787 460612
Website: hiltonhousesurgery.co.uk

Date of inspection visit: 11 May 2017
Date of publication: 07/09/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Hilton House Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hilton House Surgery on 27 January 2016. The overall rating for the practice was requires improvement and the practice was rated as requires improvement for providing safe, effective, responsive and well-led services and good for caring. We issued the provider with a requirement notice for improvement. The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Hilton House Surgery on our website at www.cqc.org.uk.

We then carried out a further comprehensive inspection on 11 May 2017. This inspection was undertaken to re-rate the practice and to ensure that the improvements identified at the January 2016 inspection had been actioned. Overall, the practice is now rated as good.

Our key findings were as follows;

- The practice had improved their system of governance and made considerable improvements since our last inspection in January 2016.

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Learning was being cascaded to staff.
- The practice had undertaken risk assessments across a range of areas that protected patients and staff.
- Medicine management was effective, including the monitoring of patients prescribed high-risk medicines.
- Medicine and patient safety alerts were managed effectively and changes of treatment made where required.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- A staff induction system was now in place. Staff received adequate supervision and appraisal.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. Data had generally improved since July 2016 although there was improvement still required in relation to patient satisfaction over telephone access and the opening hours of the surgery.

Summary of findings

- The practice had identified a high number of carers and provided them with support and guidance and an assessment of their needs.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice responded to the needs of their patient population and provided services accordingly.
- 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 governance at the practice had improved and the practice performance in the Quality and Outcomes Framework remained consistently high.

The areas where the provider should make improvement are:

- Continue to improve patient satisfaction in relation to access to the practice by phone and the opening hours of the surgery.

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



- The practice had an effective system to identify, report and analyse significant and safety events. There was evidence of investigation and shared learning with staff working at the practice. Patients affected received an explanation and apology when required.
- Patient safety and medicine alerts were managed effectively and changes made to patient's medicines when required.
- The practice followed guidance in relation to medicine management and prescribing. Patients of high-risk medicines received reviews in line with published guidance.
- Staff had received training in basic life support and there were emergency medicines, a defibrillator and oxygen readily available for use. All equipment was in date.
- The number of staff working at the practice met the needs of patients and they had been appropriately trained.
- Risks to patients were well managed and mitigated. Those staff acting as chaperones had received a disclosure and barring service check and had been trained for the role.
- Practice staff were all trained to an appropriate level in safeguarding children and vulnerable adults. There were two GPs responsible for managing safeguarding issues.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. This had been consistently high for the last four years
- Clinical audits demonstrated quality improvement and where improvements had been identified these had been maintained.
- Staff had the skills and knowledge to deliver effective care and treatment. There was an induction process for new staff to follow. Staff received an appraisal and regular supervision.
- 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. The practice was pro-active in supporting patients with their preferred place of care when nearing the end of their lives

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- The practice had identified 3.2% of their patients as carers and offered them support and guidance.
- Survey information we reviewed showed that 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Comment cards we received were very positive about the practice and the staff working there.

Good



Are services responsive to people's needs?

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

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice routinely provided longer appointments for patients with a learning disability or suffering with dementia.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The national GP patient survey published in July 2016 and 2017 reflected that patients were generally satisfied with the services provided, although improvements were still required in relation to access to the surgery by phone and the opening hours of the surgery.
- The practice responded to the national GP patient survey results by making changes to improve satisfaction rates.
- The practice had two GPs on call on a daily basis to deal with emergency appointments and other urgent issues.
- The practice had a palliative care register, which included patients in care homes who were considered as frail and vulnerable. These were regularly reviewed and care and treatment changed when required.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. Complaints we viewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Summary of findings

Are services well-led?

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

- The practice had made some considerable improvements since our inspection in January 2016.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. Governance had improved and risks to patients and staff were now well managed.
- There were regular clinical and staff meetings where the learning from complaints and significant events were discussed.
- The practice responded to feedback from the national GP patient survey and had made improvements to the services provided.
- Staff felt supported by the leadership and had received appraisals including personal development plans. There was an induction process in place for staff new to the practice.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements and patients received an explanation and an apology when appropriate.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns. Patients who were frail or vulnerable were monitored and reviewed regularly.
- 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. They were pro-active in providing these patients with their preferred place of care. Multi-disciplinary meetings were held with a range of other healthcare professionals in attendance.
- Staff had received safeguarding training for vulnerable adults.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health. These patients were on a register and a multi-disciplinary package of care was provided. This included patients who were resident in care homes.
- Patients with long-term conditions received regular health reviews. Data from the Quality and Outcomes Framework (QOF) reflected that the practice performed consistently well for these patients.

Good



Families, children and young people

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

Good



Summary of findings

- Staff had received training in safeguarding children and two GPs were identified as leads in this area. We found there were effective systems to identify and follow up children who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- The practice had emergency processes for acutely ill children and young people through the provision of an 'on call' GP duty system provided by GPs at the practice during opening hours.

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 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.

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.
- Longer appointments were routinely provided for this population group to ensure consultations were thorough.
- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable. A register was in place that identified patients nearing the end of their lives and those who were frail and vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including those patients in care homes.

Good



Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. The practice had identified 3.2% of patients who were carers and provided them with support.
- 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).

- The practice carried out advance care planning for patients living with dementia and offered longer appointments.
- The practice had an effective system for monitoring repeat prescribing for patients receiving medicines for mental health needs and followed published guidance.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- 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.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- Most of the clinical staff had received training in the Mental Capacity Act 2005.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or below local and national averages. 221 survey forms were distributed and 103 were returned. This represented a 47% response rate.

- 69% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%. The most recent data from July 2017 showed the practice at 87% as compared with the CCG average of 81% and the national average of 85%.
- 53% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%. The most recent data from July 2017 showed the practice at 66% as compared with the CCG average of 66% and the national average of 73%.
- 54% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 76% and the

national average of 78%. The most recent data from July 2017 showed the practice at 79% as compared with the CCG average of 73% and the national average of 77%.

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

We spoke with five patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We received feedback from three members of the newly formed patient participation group they told us they felt listened to and supported in identifying new ideals to promote the practice.

Information from the “Friends and Family Test” indicated that the vast majority of patients completing the form were extremely likely or likely to recommend the practice to others. We also saw the practice took action on comments received and highlighted areas for improvement, such as reviewing waiting times for prescriptions to be processed.

Areas for improvement

Action the service SHOULD take to improve

- Continue to improve patient satisfaction in relation to access to the practice by phone and the opening hours of the surgery.

Hilton House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

Background to Hilton House Surgery

Hilton House surgery in Halstead is a dispensing practice based in rural Essex and provides medical services to a patient base of approximately 3,400, covering the rural areas around the Heddinghams and Yeldhams. There is a small car park adjacent to the surgery for use by staff and patients.

They hold surgeries at their main surgery at Hilton House and a branch surgery in Great Yeldham. There are four part time GPs in total (one male and three female) and they are supported by two practice nurses, a healthcare assistant and three dispensing staff. The part time practice manager is supported by a team of administration and reception staff.

The practice age profile identifies 25% of their patient list were aged between 65 and 74 years of age compared to a CCG average of 19% and a national average of 17%. The percentage of patients with long term conditions was 61% compared to a CCG average of 52% and a national average of 53%.

The practice delivers commissioned services under the General Medical Services (GMS) contract. It offers direct enhanced services for meningitis provision, the childhood vaccination and immunisation scheme, facilitating timely

diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, patient participation, rotavirus and shingles immunisation and unplanned admissions.

Appointments are available at both locations for patients and they open at a variety of hours during the week. On any one day patients can book appointments at either one of the surgeries. There are no late night or early morning surgeries.

In general, appointment times range from between 8.30am to 1pm and 2.30pm to 6.30pm throughout the week. When surgeries are not taking place, the practice is open for patients to discuss issues and book appointments by speaking to reception staff. There is a GP on site at all opening times.

The Hilton House practice is open between 8.30am to 1pm and 4pm to 6.30pm Tuesday, Wednesday and Friday and on Monday and Thursday between 8.30am to 1.30pm. The branch surgery is open Monday and Thursday from 2.30pm to 4.30pm. During times when surgeries are not taking place, the practice has an 'on-call' system where GPs would cover emergencies and any other matter that cannot be dealt with in the routine surgeries. Dispensing opening times were the same as the surgery times.

In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments are also available for people that need them. When the practice is closed patients can contact Primecare, the out of hours provider, who provide services from 6.30pm until 8am on weekdays and from 6.30pm on Fridays until 8am on Mondays, and also during Public Holidays.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service on 27 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was requires improvement and the practice was rated as requires improvement for providing safe, effective, responsive and well-led services and good for caring. We issued the provider with a requirement notice for improvement. The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Hilton House Surgery on our website at www.cqc.org.uk.

We then carried out a further comprehensive inspection on 11 May 2017. This inspection was undertaken to re-rate the practice and to ensure that the improvements identified at the January 2016 inspection had been actioned.

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 11 May 2017. During our visit we:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.

- Spoke with clinical and non-clinical staff, members of the Patient Participation Group (PPG) and patients.
- Reviewed patient survey information.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public 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 living with dementia).

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

Are services safe?

Our findings

What we found at our previous inspection in January 2016

The practice was rated as requires improvement for providing safe services. We found that the system for managing significant events required strengthening to ensure that themes and trends were being analysed to reduce the risk of reoccurrence and whether the changes made had been effective. We found an absence of risk assessments in relation to fire safety and legionella, recruitment procedures had not been followed in line with guidance, risk assessments were not in place where staff had been acting as chaperones without a disclosure and barring service in place and the arrangements for infection control needed improvement.

What we found at this inspection in May 2017

Safe track record and learning

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

- Staff were aware of the action to take if there was a safety incident or significant event at the practice. They told us they would inform the practice manager 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).
- From the sample of examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 safety events and cascaded the learning to staff at team meetings. The practice also monitored trends in significant events and evaluated any action taken.
- The practice had an effective system in place for responding to patient safety alerts and medicine alerts

received from the Medicine and Healthcare and Regulatory Agency (MHRA). We found through searches that had been undertaken, that these alerts had been responded to and where patients were affected, changes to treatments had been actioned. The patient computerised record system also flagged to a GP, if prescribing a medicine subject of an alert. We found that a clear audit trail had been maintained of the action taken in relation to the alerts received.

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. There were two lead members of staff for safeguarding who had been appropriately trained on safeguarding children and vulnerable adults to level three. A register was in place, which was being updated regularly. All relevant patient records were coded to enable staff to identify those patients most at risk and staff had access to those patients subject to child protection orders.
- Staff spoken with displayed a satisfactory level knowledge of safeguarding procedures and were aware of whom to contact both internally and externally if required. All relevant staff had received an appropriate level of training. We looked at a sample of patient records and found that clear entries had been made where a safeguarding risk had been identified.
- A notice in the waiting 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).
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy during the inspection. There was an environmental cleaning policy and cleaning schedules were signed each day.

Are services safe?

- There was an identified lead for infection control who had received appropriate training, as had other staff working at the practice. There was an infection control protocol that contained information on how to report highly transmissible diseases for example chickenpox, norovirus or suspected outbreaks locally. Infection control audits had been carried out annually.
- The practice was aware of the immunisation status of clinical staff. Staff we spoke with were aware of the correct procedure to follow if they sustained a needle stick injury. Effective procedures were now in place to manage infection control and improvements highlighted at the last inspection has been actioned. Patients' samples were stored and transported in a safe manner and in line with guidance. Waste segregation and disposal was in line with national standards. Clear documentation of transportation of waste from the premises was recorded.
- 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). Repeat prescribing was carried out in line with guidance.

The practice was a dispensing practice; they dispensed medicines to patients that lived over a mile away from a pharmacy. The practice dispensed medicines to 1758 patients (70% of their patient list). The dispensary opening times were 8.30am to 6.30pm Monday and Thursday and 8.30am to 6.30pm Tuesday, Wednesday and Friday. Saturday opening times were 9.30am to 10.30am. The dispensary was closed 1pm to 2pm daily.

- Prescriptions could be requested on-line, by post or at the front reception desk. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. As part of this scheme, the practice had to ensure that face to face reviews of 10% of patients were carried out to achieve a satisfactory prescribing standard. During the inspection, it was confirmed that the relevant number of reviews were carried out appropriately.
- Prescriptions were signed by a GP prior to medicines being dispensed. Medicines not collected by patients were kept for one month, after which time the medicine

was added back into stock. There were processes in place to ensure a GP was alerted when medicines had not been collected and entries were made in patients' medical records to discuss when they next attended for an appointment.

- There were effective processes for handling repeat prescriptions, which included the review of high-risk medicines. We reviewed a sample of anonymised patient records and saw that appropriate blood tests had been carried out for patients prescribed high risk medicines within the correct timescales. We looked at one medicine in particular, methotrexate. We found that all requests for this medicine were individually checked by the GP to ensure that the blood tests were up to date. If not the system was to issue a one month repeat only and make contact with the patient to arrange a review and non-attendance would be monitored and acted upon.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescribing data available to us reflected that the practice was in comparable with other practices locally and nationally for the prescribing of antibiotics.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A PGD protocol was accessible on the practice computer system for clinical staff and included links so they could access details of the latest guidance. The nurse was trained to administer vaccines and medicines against a PGD. We saw that PGDs had been appropriately signed by the nurse and the GP.
- The dispensary held stocks of controlled drugs (CD) these medicines require extra checks and special storage because of their potential misuse; there were procedures in place to manage them safely. Stock checks of controlled drugs were carried out weekly and were only ordered when a patient was commenced on a CD. The destruction of controlled drugs was undertaken by a responsible officer and the relevant paperwork was completed, signed and witnessed.

Are services safe?

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had undertaken relevant continuing learning and development.
- Staff had completed a number of dispensary audits including one looking at patients on two specific medicines that guidance had recommended a review and lower dosage in some cases. A subsequent re-audit demonstrated improvement.
- The dispensary staff were able to evidence their Standard Operating Procedures (SOPs) which were dated and signed by all dispensers, (these are practice specific written instructions about how to dispense medicines safely). The SOPs were reviewed on a regular basis and updated in response to incidents or changes to guidance. Members of staff who were involved in the dispensing process had received the appropriate training.
- The dispensary was only accessible to appropriate staff (no patients) and no possibility of non-dispensary staff to enter the dispensary without dispensers being aware, due to strict key control and limited knowledge of security codes.
- Dispensary staff identified when a medicine review was due and told us that they would alert the GP to reauthorize the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their condition.
- There was a health and safety policy available and this was in the process of being updated at the time of the inspection. A member of staff had been appointed as the representative for health and safety issues.
- The practice had an up to date fire risk assessment, carried out fire drills and had appointed fire marshals.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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 particular bacterium which can contaminate water systems in buildings).
- The practice monitored the skills mix of staff to ensure that patients' needs were met. There were sufficient numbers of staff on duty and where staff were absent, a system of cover was in place. Staff were multi-skilled and could deputise for each other in times of annual leave or sickness.

Arrangements to deal with emergencies and major incidents

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

- Staff had been trained in basic life support and were aware of the location of the oxygen and defibrillator and knew how to use it. A first aid kit and accident book were available for use. There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- Emergency medicines were available in the treatment room and when we checked them we found they were in date and the recommended medicines were being stocked

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.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. We found that references had been obtained when required and included in staff files there were records of interview questions asked of candidates to check their competence and experience. Where required, we found references, qualifications, registration with the appropriate professional body and the appropriate checks through the disclosure and barring service.

Monitoring risks to patients

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

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in January 2016

The practice was rated as requires improvement for providing effective services. The practice did not have a system of induction for staff new to the practice.

What we found at this inspection in May 2017

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. A system was in place to ensure clinical staff were aware of any changes to guidance that had taken place.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Changes in clinical guidance were being discussed at team meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice was aware of their patients who were likely to deteriorate rapidly and monitored patients who had unplanned hospital admissions. The practice reviewed these patients and amended their care plans when circumstances changed. Where concerns had been identified about a patient, these were brought to the attention of one of the GPs who implemented a care plan for that person.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015 to 2016 were 99% of the

total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. The practice had achieved similar QOF achievements over the last four years.

The practice had an exception reporting rate of 9% compared with the CCG average of 9% and the national average 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).

This practice was not an outlier for any QOF (or other national) clinical targets. There were 11 indicators for the management of diabetes and these were aggregated. The aggregated practice score for diabetes related indicators was 97% compared with the CCG average of 85% and the national average of 90%. Data from 2015/2016 showed;

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits (HbA1c was 64mmol/mol) was 81% compared to the CCG average of 73% and national average of 78%. Exception reporting was 10% compared to the CCG average of 15% and the national average of 12%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 85% compared to the CCG average of 74% and the national average of 78%. Exception reporting was 7% compared to the CCG average of 11% and the national average of 9%.
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 92% compared to the CCG average of 75% and the national average of 80%. Exception reporting was 11% compared to the CCG average of 16% and national average of 13%.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was within the range of the national average for example:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 90% compared to the CCG and the national average of 83%. Exception reporting was 3% compared to the CCG and the national average of 4%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients with asthma who had a review within the previous 12 months was 75% compared to the CCG average and national average of 75%. Exception reporting was 2% compared to the CCG average of 12% and the national average of 8%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had an assessment of breathlessness using the Medical Research Council scale was 92% compared with the CCG and national average of 90%. Exception reporting was 16% compared to the CCG average of 15% and the national average of 11%.

Data for patients experiencing poor mental health (including patients diagnosed with dementia) showed the practice performed mainly in line with local and national levels:

- Performance for mental health indicators was 100% which was above the CCG average of 92% and above the national average of 88%. The practice exception rate was 6% which was lower than the CCG average of 17% and lower than the national average of 11%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans was 95%, which was above the CCG average of 85% and above the national average of 89%. The practice exception rate was 5%, which was lower than the CCG average of 19% and the national average of 13%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months the practice exception rate was 3%, which was below the CCG average of 8% and the national average of 7%.

The practice held regular multi-disciplinary meetings to discuss the care and treatment of their most vulnerable patients. Attendees included the Community Macmillan Nursing team, the GPs at the practice, the community matron and the district nursing team.

There was evidence of quality improvement including clinical audit:

- The practice had completed 11 audits since November 2016. These included a patient safety alert audit, minor operations audit, complications from the fitting of contraceptive devices and the effectiveness of a

medicine used for treating chronic obstructive pulmonary disorder. Several of these audits were completed two cycle audits where improvements had been monitored and maintained..

Effective staffing

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 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 stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal, which included a personal development plan. Staff spoken with felt supported and were able to seek advice from more senior colleagues when required.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Nurses had received training in spirometry, diabetes care, COPD and asthma, Staff received support from senior clinical staff. This included one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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, investigation and test results.

Are services effective?

(for example, treatment is effective)

- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We found that there was an effective system for the management of hospital and other letters. All correspondence was reviewed in a timely manner and action taken if required.
- National standards were being followed for the referral of patients to secondary care and these were being monitored.
- We found that discharge letters were being reviewed and changes made to patient care as a result of guidance after referrals to specialists or if there had been an unplanned admission to hospital.
- Patient notes, if seen by an out of hour's provider, were reviewed by one of the GPs to establish whether a further consultation or change of care plan were required.

Staff working at the practice had specific roles in relation to working with other agencies and this was a team approach to ensuring that the most appropriate care and treatments was received.

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 and all GPs had received online training. 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. Clinical staff were aware of the implications of the Deprivation of Liberty Standards (DOLS).

- The process for seeking consent was monitored through patient records audits. We found evidence of written consent being taken when appropriate, such as for the fitting of contraceptive devices..

Supporting patients to live healthier lives

Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with a patient was used to do so.

- We noted a culture among all staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering weight loss advice for overweight patients and smoking cessation advice to smokers.
- The practice focused on helping patients understand their conditions, and sign posted patients to relevant services. These included Healthtalkonline, a website that encourages patients to share their experiences of health and illness and asthma UK which provides patients with useful information about their condition. There were links direct to these sites on the practice web page.
- The practice had identified an increase in incidences of diabetes and obesity in children and young adults, they actively offered lifestyle advice and signposts patient to local services for example local gyms

Childhood immunisation rates for the vaccinations given to children under two were above standard. This ranged from 97% to 100%. Immunisation rates for children aged five years was between 77% and 82% which was lower than the CCG and England averages of between 92% and 94%.

The practice had a similar to local and national average of new cancer cases. They told us they encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice had comparable performance in comparison with local and national rates of screening for their patients in some areas. For example;

Are services effective? (for example, treatment is effective)

- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 75% and the national average of 73%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.
- The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. For example, 75% of women aged between 50 and 70 had attended screening for breast

cancer in the last 36 months, which was comparable to the CCG average of 76% and the national average of 72%. Bowel cancer screening was similar to local and national averages, for example at 63% compared with the CCG average of 61% and the national average of 58%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Healthcare assistants reviewing patients referred any concerns to one of the GPs.

Are services caring?

Our findings

What we found at our previous inspection in January 2016

The practice was rated as good for providing caring services.

What we found at this inspection in May 2017

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.
- A sliding glass window was available at reception, which could be closed to reduce the risk of patients in the waiting overhearing telephone conversations with patients.
- 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.

All of the 13 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.

Feedback received from patients we spoke with on the day, told us that patients consistently felt that they were treated with compassion, dignity and respect by all the staff.

Results from the national GP patient survey in July 2016 showed the practice was in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%

- 95% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the CCG average of 86% and the national average of 87%.

We spoke with community-based staff who told us that the practice team communicated with them effectively, and that GPs were approachable and accessible. They told us that the practice worked in collaboration with them and responded promptly to address patients' needs.

Care planning and involvement in decisions about care and treatment

Patients we spoke with and comment cards we reviewed 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.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 80% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.

Are services caring?

- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 86% and the national average of 85%.

We also compared the July 2016 data with the most recently published data from July 2017 and found that the practice was in line with and in some cases above, satisfaction rates locally and nationally.

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

- For those patients whose first language was not English, staff told us that interpretation services were available to support them to understand the decisions about their care and treatment.
- The practice had members of the travelling community as part of their patient population. Where able, they were offered support to read documentation or help them understand their care and treatment options.
- The practice had explored the need for a hearing loop but at the time of the inspection, had no patients that required this facility. This was being kept under review.

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.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice had a 'Carers Identification Protocol' to support staff identify carers to provide them with support and guidance. This included a poster on the reception notice board encouraging carers to identify themselves and through staff identification of carers through their communications with patients, both verbally, through the use of a questionnaire and a template letter sent to patients.. Once a carer was identified, a coded entry was made on the patient computer system.

The practice had identified 111 patients who were carers and this equated to 3.2% of the patient population.

The practice also made use of a 'village agent' to help and support patients who were carers. This involved a visit to patient's homes to provide an assessment of their social needs and the type of support that could be offered. This was discussed at monthly multi-disciplinary team meetings and kept under review.

Staff told us that if families had experienced bereavement, they were sent a condolence card from the practice and family members contacted by one of the GPs. This was followed up with the offer of a consultation if required, to provide them with any support they needed. They also made use of the 'village agent' service to provide additional support and guidance if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in January 2016

The practice was rated as requires improvement for providing responsive services. We found that the findings of the national GP patient survey, published in January 2016, demonstrated that patients were not satisfied with the opening hours of the practice, the access to the surgery by phone and their overall experience at the surgery.

What we found at this inspection in May 2017

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. They provided services to patients according to their needs, age and health conditions.

- The practice ensured that patients with a learning disability received a longer consultation. The practice had achieved 100% of their learning disability reviews in the last year.
- Patients suffering with poor mental health could receive longer appointments when required. Of the 22 patients registered, 18 of them had received a care plan review in the last 12 months.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. A palliative care register was in place including care home patients that they visited who might be considered frail and vulnerable. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning. The practice was reviewing their data in relation to the preferred place of care for patients nearing the end of their lives. We were told that the practice were pro-active in trying to meet patient needs in relation to this area.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.

- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities for the disabled. A ramp was situated outside the main door, which was also of a suitable width for wheelchair users. Interpreter services were available if required. There was no hearing loop but this had been assessed as not required but held under review.
- The practice offered in-house blood testing for those patients taking blood thinning medicine such as warfarin.

Access to the service

The main surgery was situated at Hilton House and there was a branch surgery at Great Yeldham. Appointments were available at both locations for patients and they were open at a variety of hours during the week. On any one day patients could book appointments at either one of the surgeries. There were no late night or early morning surgeries.

In general, appointment times ranged from between 8.30am to 1pm and 2.30pm to 6.30pm throughout the week. When surgeries were not taking place, one of the practices was open for patients to discuss issues and book appointments by speaking to reception staff.

The Hilton House practice was open between 8.30am to 1pm and 4pm to 6.30pm Tuesday, Wednesday and Friday and on Monday and Thursday between 8.30am to 1.30pm. The branch surgery was open Monday and Thursday from 2.30pm to 4.30pm. During times when surgeries were not taking place, the practice also had an 'on-call' system where GPs would cover emergencies and any other matter that could not be dealt with in the routine surgeries. Dispensing opening times were the same as the surgery times. Appointments were available outside of school hours.

In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for people that needed them. When the practice was closed patients could contact Primecare, the out of hours provider, who provided services from 6.30pm until 8am on weekdays and from 6.30pm on Fridays until 8am on Mondays, and also during Public Holidays.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published in July 2016, showed that patient's satisfaction with how they could access care and treatment was mixed and in some areas much lower than local and national averages. We also compared the data from the July 2016 with the new data published in July 2017.

- 49% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%. The most recent data showed the practice at 50% as compared with the CCG average of 70% and the national average of 76%.
- 36% of patients said they could get through easily to the practice by phone compared to the local average of 63% and the national average of 73%. The most recent data showed the practice at 43% as compared with the CCG average of 56% and the national average of 71%.
- 80% of patients said that the last time they were able to get an appointment to see or speak with someone the last time they tried compared with the CCG average of 86% and the national average of 85%. The most recent data showed the practice at 94% as compared with the CCG and national average of 84%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%. The most recent data showed the practice at 82% as compared with the CCG average of 78% and the national average of 71%.
- 53% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%. The most recent data showed the practice at 66% as compared with the CCG average of 66% and the national average of 73%.
- 40% of patients said they do not normally have to wait too long to be seen compared with the CCG and national average of 58%. The most recent data showed the practice at 49% as compared with the CCG average of 56% and the national average of 58%.
- 53% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%. The most recent data showed the practice at 66% as compared with the CCG average of 66% and the national average of 73%.

Although the practice had seen some improvements in the last 12 months, patient satisfaction in relation to opening

hours and telephone access remained below local and national averages. We were told by the practice that it was patient unawareness of the opening hours rather than reduced opening hours.

We spoke with the practice about the areas of low data to establish what improvements they had put in place to improve patient satisfaction. They told us that they had made the following changes;

- Increased the hours of the health care assistants, including an additional phlebotomy clinic, in order to increase the availability of appointments.
- Chronic disease clinic availability by appointment with the nurses rather than running them, as set times.
- Increased the opening hours of the dispensary so patients could access this facility more regularly.
- Increased the awareness amongst patients of their opening hours at both the main and branch surgeries, by posting leaflets in reception and through local media and the Parish council.

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.

Staff at the practice would obtain details of the condition of the patients and a GP would then assess whether a home visit or an urgent appointment was required. We were told that patients with urgent needs would always be seen on the same day.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns and there was a lead GP responsible for oversight of the system.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

Are services responsive to people's needs? (for example, to feedback?)

We found that complains were handled effectively and in a timely way and the finding from complaints were discussed with staff at practice meetings. We found that the practice was open and transparent with complainants and they were responded to in a timely way.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection in June 2016

The practice was rated as requires improvement for providing well-led services. We found risks to patients and staff had not always been managed effectively and some risk assessments were not in place. We also found that the governance around induction of new staff required improving and there was a lack of record keeping in relation to seeking feedback from staff and patients.

What we found at this inspection in March 2017

Vision and strategy

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

- The practice had a clear strategy and supporting business plans, which reflected the vision and values and were regularly monitored.
- The practice had documented aims and objectives including the development of in-house services, health promotion and patient education, a functional and well-organised team encouraged to develop personally and professionally and the provision of training and education.
- The practice was aware of the limited space and development potential they had in their current building but had a strategy in place to make best use of the facilities. The practice was considering other options in relation to the future of the practice.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the strategy and good quality care.

- Since the inspection in June 2016, the practice had focused on the areas identified and made considerable improvements.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities and how these. GPs and nurses had lead roles in key areas such as safeguarding, learning disabilities, palliative care, admission avoidance and complaints.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Governance issues were discussed at meetings held with partners at the practice and action taken when required.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held regularly, which provided an opportunity for staff to learn about the performance of the practice. QOF data was regularly reviewed and staff were encouraged to undertake opportunistic health reviews in order to improve the performance at the practice. Action plans for improvement were in place.
- There was a programme of clinical and internal audit, which was used to monitor quality and to make improvements. These were regularly reviewed to ensure improved performance was being maintained.
- The practice monitored risks to patients and staff and risk assessments were in place with clear identifiable actions to reduce or minimise such risks.
- We saw evidence from minutes of meetings structure that demonstrated that learning from significant events and complaints were shared with staff. Action plans were in place and monitored for completion.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Since our last inspection, the partners at the practice had led staff through a period of change, which had improved the performance at the practice. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The 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). We found that patients were provided with honesty when mistakes occurred. The partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

Are services well-led?

Good 

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

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

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

- Protocols and practice procedures were readily available for staff to refer to and any changes in protocols were discussed at team meetings to keep staff up to date.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and community matrons to monitor vulnerable patients..
- Staff told us the practice held regular team meetings where significant events, complaints and practice performance were discussed.
- 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 were comprehensive and were available for practice staff to view.
- 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.

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

The practice encouraged and valued feedback from patients and staff.

- The practice had recently formed a patient participation group (PPG) and progress was being made to identify ways that they could identify areas for improvement and support the practice in developing.
- They monitored the responses from the NHS Friends and Family questionnaires.
- The practice sought views from staff informally, at team meetings and during appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- Monitoring the results from the national GP patient survey published annually.

As a result of the data from the national GP patient survey the practice had made some changes at the practice, which had improved patient satisfaction. However satisfaction in relation to access to the surgery by phone and the opening hours had not improved.