

Plashet 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

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	8
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Plashet Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Plashet Medical Centre on 16 January 2017. Overall the practice is rated as good.

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

- The practice demonstrated an effective system to report and investigate significant events. Learning was identified to improve practice and safety processes.
- Risks to patients were assessed and well managed, including through medicines management, safeguarding and emergency planning.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of continuous multidisciplinary working to meet the complex needs of patients, including vulnerable young people and those who received palliative care.
- Health promotion and empowering patients to live healthy lives was embedded in the approach to care of the practice. This included in care plans and in multidisciplinary meetings and the practice provided evidence of impact.
- Patients provided positive feedback about the caring nature of staff and said they took the time to listen to their concerns. We saw staff treated people with compassion, dignity and respect and involved them in care planning and decisions about their treatment.
- 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.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- The whole practice team demonstrated a consistent approach to monitoring quality and identifying opportunities for improvement through multidisciplinary clinical governance structures.
- The senior team had engaged a specialist organisation to work with staff following a period of high turnover and disruption. This enabled them to build a new team that was demonstrably passionate and motivated about the service and the practice's patients.

We found areas of outstanding practice:

- A healthcare assistant led a dedicated health promotion service to empower patients with healthy living knowledge and resources. There was evidence of the positive impact of this work from significantly improved qualitative patient feedback and patient outcomes such as the detection of undiagnosed tuberculosis as a result of a pilot scheme.
- The practice had been awarded gold-standard accreditation by the LGBT Foundation for their work in fostering a safe and welcoming environment for gay, lesbian, bi-sexual and transgender patients. Specialised resources were provided through the Pride in Practice programme.

- Staff demonstrated a continuous track record of adapting services to individual needs. This included vaccination advice in multiple languages for patients who planned to attend religious pilgrimages and specialised sexual health and cancer advice individualised to sexual identity.

We found areas of improvement that the practice should make:

- The practice should ensure carers are proactively identified within the patient population and that these people are engaged with to access support services.
- All GPs should be trained to safeguarding adults and children level three.
- The practice should continue to work towards improved access and ensure the results are evidenced in the outcomes of patient surveys.
- The practice should implement a strategy to improve the uptake of breast screening to bring this in line with local and national averages.

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



- Staff demonstrated effective use of the electronic system for reporting incidents and significant events. were aware of the system in place for reporting and recording significant events. A senior member of staff investigated each incident and could demonstrate learning and quality improvement in each case.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Staff were trained in chaperoning, fire safety, safeguarding and infection control to a level appropriate to their role and responsibilities.
- Risks to patients were assessed and well managed including in relation to medicines management and action taken as a result of national safety alerts.
- The practice had an up to date health and safety policy for staff advising them of the correct protocol for managing risks identified within the practice. The business continuity plan had been effectively used during severe weather that disrupted the service.
- Fire safety and evacuation policies, processes and training protected people from harm.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to or better than the national average. Exception reporting rates were comparable to, or better than, the national average in all 21 clinical domains.
- Staff assessed needs and delivered care in line with current evidence based guidance and there was a structured system in place to ensure updates were tracked and applied to practice policies.

Summary of findings

- Clinical audits were developed to meet the needs of the local population and demonstrated quality improvement and better patient outcomes, including in the management of long term conditions and minor surgery.
- Staff had the skills, knowledge and experience to deliver effective care and treatment because they had access to on-going clinical training.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, including those with mental health needs and substance addiction.
- A healthcare assistant led a dedicated health improvement and self-care clinic as part of an overall health promotion strategy to meet the needs of the local population. This demonstrated quantifiable improvements for patients and were targeted to local health inequalities, such as those at risk of contracting tuberculosis.

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 demonstrated on-going improvements to patient feedback and experience by conducting local surveys about specific elements of care and development initiatives in the practice.
- Patients reported 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group and other local organisations to secure improvements to services where these were identified.

Good



Summary of findings

- The practice developed services to meet the needs of the local population, including patients recently diagnosed with a new condition and newly registered patients. This included a 100% success rate in the initiation of new insulin regimens for patients with diabetes.
- Patients said they found it easy to make an urgent appointment and there was continuity of care, with urgent appointments available the same day. Extended hours appointments were available through a GP co-operative that provided a seamless service with the practice.
- The practice demonstrated a significant track record in developing services to meet the needs of the local population. This included preventative care initiatives when population-specific risks were identified and the adaptation of services in line with needs relating to religion, culture, sexual identity and gender.
- The practice had accessible facilities and resources had been improved to provide patients with better access to information.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- 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.
- Following a period of significant changes in staffing a new clinical and leadership structure was in place and staff said they felt supported by management. The practice had up to date policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was proactive and produced an annual action plan, which we saw was used to improve patient experience.

Good



Summary of findings

- The practice demonstrated a commitment to the health and wellbeing of its staff and had supported them professionally and personally.
- The practice demonstrated a consistent and proactive approach to improvement, innovation and sustainability. This included active recruitment and career development through an apprenticeship scheme.

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 providing services to older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with complex needs.
- Staff adopted a preventative approach to the health of older people and monitored this group for impairment of vision, hearing, mobility, memory and cardiovascular function.
- The practice maintained a register of carers who were offered quarterly meetings and opportunistic support and advice.
- All patients who were discharged from hospital had a multidisciplinary review to reduce the risk of a readmission.
- The practice invited all patients over 75 years to attend an annual health check, medication review and home flu vaccinations.

People with long term conditions

The practice is rated as good for providing services to people with long term conditions.

Good



- The clinical team demonstrated a holistic approach to chronic disease management and patients at risk of hospital admission were identified and supported.
- The practice maintained a disease register and ensured patients received regular reviews. Clinical leads were in place for diabetes and musculoskeletal problems.
- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 75% compared to the CCG average of 80% and the national average of 78%. In addition the percentage of patients in the same period in whom the last measured total cholesterol was 5mmol/l or less was 76% compared with the CCG average of 79% and national average of 80%.

Summary of findings

- 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, a named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for providing services to families, children and young people.

- The practice scored 8.2 out of 10 for standard childhood immunisations up to the age of two and achieved the national target of 90% in none of the four NHS England sub-indicators.
- The practice's uptake for the cervical screening programme was 67% which was lower than the CCG average of 78% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Baby clinics were offered at six weeks after birth.
- The practice offered same-day appointments for children after school Monday to Friday.
- The practice participated in a health promotion programme for obese children and for children with mental health needs.
- We saw positive examples of joint working with district nurses and health visitors.
- The practice provided sexual health advice and screening, including chlamydia screening for the under 25s.

Good



Working age people (including those recently retired and students)

The practice is rated as good for providing services to 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 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 range of health promotion and screening that reflected the needs of this age group, including electronic prescribing and sexual health. A text messaging service was also available.
- The patient participation group had worked to ensure they were representative of this population group.
- The practice provided temporary registration for students including access to urgent appointments and sexual health screening.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for providing services to people who make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, those over 75 years of age living alone and those with a learning disability. For these patients the practice offered longer appointments and an annual health check.
- 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.
- 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.
- Patients who were considered vulnerable were given same day appointments.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services to people experiencing poor mental health (including people with dementia).

Good



- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%. The practice had exception reported 0% compared to the national average of 7%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice offered a dementia screening service that enabled patients to access specialist care.
- The practice carried out advance care planning for patients with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice discussed patients with mental health needs with the multidisciplinary team, including with a registered mental health nurse, monthly to ensure the early identification of deterioration.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and related to feedback collected between July to September 2015 and January to March 2016. The results showed the practice was performing variably compared with local and national averages. Three hundred and fifty seven survey forms were distributed and 110 were returned. This represented 3% of the practice's patient list.

- 44% of patients found it easy to get through to the practice by phone compared to the Clinical Commissioning Group (CCG) average of 60% and the national average of 73%.
- 50% 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 67% and the national average of 76%.

- 65% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 71% of patients said the last GP they saw was good at giving them enough time compared to the CCG average of 78% and the national average of 87%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Themes included the helpfulness of multilingual staff, the kind and caring nature of the team and individualised care. Six patients noted they felt it could be difficult to get an appointment. We spoke with the patient participation group chairperson about this who had worked with practice staff to improve access to appointments.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should ensure carers are proactively identified within the patient population and that these people are engaged with to access support services.
- All GPs should be trained to safeguarding adults and children level three.
- The practice should continue to work towards improved access and ensure the results are evidenced in the outcomes of patient surveys.
- The practice should implement a strategy to improve the uptake of breast screening to bring this in line with local and national averages.

Outstanding practice

- A healthcare assistant led a dedicated health promotion service to empower patients with healthy living knowledge and resources. There was evidence of the positive impact of this work from significantly improved qualitative patient feedback and patient outcomes such as the detection of undiagnosed tuberculosis as a result of a pilot scheme.
- The practice had been awarded gold-standard accreditation by the LGBT Foundation for their work in fostering a safe and welcoming environment for gay, lesbian, bi-sexual and transgender patients. Specialised resources were provided through the Pride in Practice programme.
- Staff demonstrated a continuous track record of adapting services to individual needs. This included vaccination advice in multiple languages for patients who planned to attend religious pilgrimages and specialised sexual health and cancer advice individualised to sexual identity.

Plashet Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP specialist adviser.

Background to Plashet Medical Centre

Plashet Medical Centre is based at 152 Plashet Road, Newham, London E13 0QT and provides GP services under a General Medical Services contract. The surgery has limited parking available directly in front of the building. There is step-free access from the street to all waiting areas and clinical rooms.

Plashet Medical Centre is one of a number of GP practices commissioned by Newham Clinical Commissioning Group (CCG). It has a practice list of 4423 registered patients. The practice is in the third most deprived decile out of 10 on the national deprivation scale. The practice has a higher percentage of unemployed patients (12%) compared to the local average of 11% and national average of 5%.

The clinical team includes two male GP partners, one female sessional GP, one male sessional GP. The clinical team provides 28 sessions per week. There is one practice nurse and a healthcare assistant. The practice is led by a practice manager and deputy practice manager. The non-clinical team includes a practice manager, deputy manager and a team of six staff.

The practice is open during the following hours:

Monday 9am to 1pm and 3pm to 6.30pm

Tuesday 9am to 1pm and 3pm to 6.30pm

Wednesday 9am to 1pm and 3pm to 6.30pm

Thursday 9am to 12pm

Friday 9am to 1pm and 3pm to 6.30pm

Appointments are available during the following hours:

Monday 9.30am to 12.30pm and 3pm to 6pm

Tuesday 9.30am to 12.30pm and 3pm to 6pm

Wednesday 9.30am to 12.30pm and 3pm to 6pm

Thursday 9.30am to 12pm

Friday 9.30am to 12.30pm and 3pm to 6pm

Extended hours are offered through a GP co-operative scheme. This operates from 6.30pm to 9pm Monday to Friday and from 9am to 5pm on Saturdays and Sundays. Out of these hours, cover is provided by the NHS 111 service.

We had previously carried out a comprehensive inspection on 24 October 2013 where we found the practice to be non-compliant with our regulations. We carried out a responsive inspection on 3 September 2014 where we found the practice had made improvements and was fully compliant.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

During our visit we:

- Spoke with a range of staff including GPs, the practice manager and administration team.
- Observed how patients were cared for.
- Reviewed an anonymised sample of the personal care and treatment records of patients.
- Reviewed clinical audits and the investigations of significant events and complaints.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with patients and members of the patient participation group.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

Staff used an established system for reporting and recording significant events and demonstrated confidence in this.

- Staff submitted incident reports to the practice manager and GP partners who maintained oversight of the process. 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. The senior team investigated incidents as part of 'no blame' culture in which staff were supported to reflect on and develop their practice.
- There had been three significant events in 2016. The practice manager and a GP partner investigated each incident and there was evidence that learning led to improvements in practice. For example, a GP investigated a late diagnosis of cancer as part of a multidisciplinary team with a consultant from an acute trust. They found the diagnosis had been delayed in part due to challenging communication caused by dementia. As a result new guidance for GPs was implemented that included cancer screening where patients presented with multiple, new or unusual symptoms in line with national guidance. As a result of another incident a new stock ordering system was implemented for vaccines that enabled the healthcare assistant to maintain minimum stock levels.

We reviewed safety records, incident reports, patient safety alerts and minutes of monthly team meetings. We saw evidence that action was taken as a result of these discussions.

Overview of safety systems and processes

The practice had clearly defined and embedded safeguarding systems, processes and practices in place to keep patients safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected current legislation and local requirements. Policies were accessible to all staff and each individual could demonstrate how they accessed them. The

policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Reception staff used the electronic patient record to note children who were on the child protection register and those who had been exposed to domestic violence, which they had received training to do.

- A GP partner was the lead for safeguarding children and adults. GPs attended safeguarding meetings and 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 and the practice nurse were trained to child safeguarding level three and had been trained to identify and respond to cases of female genital mutilation. GPs, the practice nurse and healthcare assistant were trained to safeguarding adults level two. Non-clinical staff were trained to safeguarding level one.
- A notice in the waiting room advised patients that chaperones were available and included the names of trained staff. Staff had received training to perform this role and all members of staff who acted as chaperones 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. Practice policy outlined the requirement to record in patients' notes if a chaperone had been offered and when a chaperone was used.
- A GP partner was the infection control lead and there was an infection control protocol in place. Each handwashing sink had a World Health Organisation five steps to hand hygiene poster displayed above it. The laminated flooring in treatment rooms had been deep cleaned in January 2017 as part of the practice annual infection control review. The practice also assessed its procedures against the Hazardous Waste Regulations (2005) and found practice to be compliant.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. This included in obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The healthcare assistant completed a monthly stock check and expiry date of check of emergency medicines.

Are services safe?

- Staff recorded daily temperature checks of the vaccine fridge to ensure vaccines were stored within manufacturer safe guidelines. Where discrepancies were found staff were proactive in contacting the manufacturer and ensuring the cold chain of medicines was maintained, which we saw in practice.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Staff used an established system to ensure patient's prescriptions and records were updated when information was received from other agencies.
- Patient group directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A PGD is a written instruction for the supply and/or administration of a named medicine for a defined clinical condition. Their licensed use allows a registered health care professional to administer medicines to a group of patients who fit the criteria without them necessarily seeing a prescriber. A healthcare assistant was able to administer the flu vaccine using patient specific directions (PSDs).
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were regularly assessed and well managed.

- All staff had undertaken fire safety training and a trained fire marshal was in post. A weekly fire alarm test was documented and all staff demonstrated an awareness of the evacuation procedure.
- There was a health and safety policy in place and all staff were aware of their responsibilities. An annual health and safety audit took place to benchmark standards against the policy. The latest audit in February 2016 found the environment to be very low risk with no outstanding actions. 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, infection control and Legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- The practice provided health and safety guidance for all staff members that included first aid, waste handling and dealing with violent and aggressive behaviour.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in consultation and treatment rooms that alerted staff to an emergency. Staff had been trained in the use of this and could describe the circumstances in which it should be used.
- All staff received annual basic life support and anaphylaxis training and emergency medicines were available. A healthcare assistant was trained in paediatric resuscitation.
- An automatic electronic defibrillator, first aid kit, oxygen with adult and children's masks and biohazard spill kit was available. The healthcare assistant was responsible for checking this equipment and restocking after use. We saw this system was effective by looking at documentation. However, we also found the biohazard spill kit contained items that had expired, which meant they might not be effective in an incident. The practice manager resolved this whilst we were on site and the practice included the spill kit as part of routine safety equipment checks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had an up to date business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and external service contractors. Staff demonstrated this plan worked well in practice in June 2016 when the practice experienced disruption due to severe local flooding and the closure of roads and public transport. After the period of disruption the practice team met and reviewed their response.

Are services effective?

(for example, treatment is effective)

Our findings

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. National patient safety alerts were received by the practice manager who cascaded them to relevant team members. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records. Alerts were discussed at team meetings and staff who could not attend were updated individually.
- Staff used a system to link care and treatment templates on the electronic patient records system with the latest guidance from NICE. This ensured practice was up to date and the GP partners and practice manager reviewed new NICE policies as they were released, which they discussed in monthly staff meetings.

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 were 94% of the total number of points available. Overall exception reporting was 6%, which was similar to the clinical commissioning group (CCG) average of 5% and the national averages of 6%. 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.

Exception reporting was similar to or lower than the CCG and national averages in all 21 clinical domains. This included the cancer, depression and primary prevention of cardiovascular disease clinical domains in which the practice performed significantly better (more than 10% lower in each) than the CCG and national averages. For

example, exception reporting for cancer was 8% compared to the CCG average of 23% and the national average of 25%. Exception reporting for the primary prevention of cardiovascular disease was 0% compared with the CCG average of 17% and the national average of 31%.

This practice was not an outlier for any QOF or other national clinical targets. Data from 1 April 2015 to 31 March 2016 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 75% compared to the CCG average of 80% and the national average of 78%. The percentage of patients in the same period in whom the last measured total cholesterol was 5mmol/l or less was 76% compared with the CCG average of 79% and national average of 80%. Exception reporting for diabetes indicators was variable compared to local and national averages, with an overall exception rate of 11% compared to 6% in the CCG and 12% nationally.
- Performance for mental health related indicators was similar to CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 82% compared to the CCG average of 91% and national average of 89%. The practice exception reported fewer patients (0%) than the CCG average (6%) and national average (13%).

GPs and the practice manager held regular QOF meetings to review the current practice performance, identify areas for improvement and develop an action plan for continued improvement.

There was evidence of quality improvement from clinical audit:

- There had been five clinical audits completed in the 12 months prior to our inspection, four of which were completed two-cycle audits where improvements were implemented and monitored. The audits demonstrated clear objectives and action plans following results. For example, one audit aimed to establish the outcomes of patients who attended for joint and soft tissue

Are services effective?

(for example, treatment is effective)

injections. The audit found no patients experienced complications after an injection. Where two patients had not responded to shoulder injections, staff made a specialist referral to an appropriate radiology service.

- The practice reduced antibiotic prescribing overall by 2% and by 6% for co-amoxiclav during 2015/16 audits.
- The practice audited cancer diagnoses in 2015 and 2016 to identify why some diagnoses took longer than others. It was identified that multiple presentations to hospital emergency departments and patients who self-referred to private doctors were likely to encounter a delay in diagnosis due to the complexity of the multidisciplinary teams involved. The audits involved the multidisciplinary team and resulted in new policies and improved practices. This included a lower threshold by GPs of new symptoms in patients who were at risk of cancer and same-day referrals for cancer two-week wait screening by a dedicated secretary.

Effective staffing

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

- One GP had undertaken additional training in palliative care to meet local needs and a GP partner was also a trainer, tutor and federation chair.
- The practice had an induction programme for all newly appointed staff. The programme had been tailored to the various roles within the practice such as administration staff and locum GPs. This covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality. The process involved three stages that enabled the senior team to monitor progress as part of a probation period that helped to identify additional training needs.
- The practice team promoted professional and clinical development and demonstrated qualifications and experience as evidence of this. For example, a salaried GP had completed post-registration training in palliative care and a healthcare assistant had achieved their national care certificate. A practice nurse was undertaking training to become an independent prescriber and a GP partner was supporting this as a prescribing mentor.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term

conditions including asthma and diabetes. The practice manager maintained a record of the training activities of locum nurses, which met the needs of the practice population.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that 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, discussion at practice meetings and engagement with peers at neighbouring practices.
- Staff had access to 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 the staff we spoke with said they felt appraisals were an effective way to identify their progress and support development needs. There was evidence appraisals were used to track or improve professional development. For example, staff used the appraisal process to self-manage their training needs and apply for local courses that met the needs of their career development plan. An apprentice had received one-to-one supervision that included reflective interviews and participation in training.
- Staff received training that included safeguarding, basic life support, information governance, managing difficult behaviour and conflict resolution. 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 patient record system and intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. GPs responded to correspondence such as blood test results within seven days and had an effective system to ensure the information was cascaded to the correct staff and recorded appropriately. This had been improved following a complaint regarding delayed action following a blood test result. For example, reception staff received additional training to help them process clinical test results as soon as they were received.

Are services effective?

(for example, treatment is effective)

- A system was in place to ensure patients seen by the out of hours GP co-operative had their notes added to their permanent health record. This included an immediate record of new prescriptions or changes to medicine. Where patients attended the out of hours service for controlled drugs linked with substance abuse or a GP identified palliative care needs, appropriate contact was made with local specialist teams. A practice GP would follow up with the appropriate team and patient when the surgery re-opened.
- We looked at the minutes of multidisciplinary meeting minutes between May 2016 and December 2016. In each case there was input from social services, district nurses, the palliative care team and a community rapid response team. Care was coordinated between these teams for patients with complex needs and there was a demonstrable focus on reducing hospital visits and stays.
- The practice had access to a community care navigator who liaised between GPs, care homes and community teams to ensure patients who needed a package of care or accommodation placement received the most appropriate support.
- A registered mental health nurse (RMN) attended the practice for multidisciplinary meetings and for proactive reviews of patients who had been discharged from secondary care. The RMN conducted health checks on site to reduce the need for the patient to travel to other services.
- A GP partner attended a weekly meeting with GPs who provided sessions to the local NHS acute trust. In addition a bi-monthly multidisciplinary diabetes meeting and a monthly multidisciplinary team meeting.
- The practice shared relevant information with other services in a timely way such as when referring patients to other services. This was a strategy to reduce unnecessary patient attendances at hospital emergency departments because patients had the knowledge to manage their conditions and were able to contact the practice or community teams for help.

Staff worked 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.

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 including the Gillick competencies and Fraser guidelines.
- 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.

Supporting patients to live healthier lives

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

- A healthcare assistant led a dedicated health improvement and self-care clinic as part of an overall health promotion strategy to meet the needs of the local population. The practice audited the outcomes of this service and demonstrated significant improvements:
- 74% of eligible patients agreed to a flu vaccination in 2015/16, which was a 28% increase from the previous year.
- 96% of patients with a long-term condition had an agreed care plan in 2015/16, which was a 10% increase from the previous year.
- In 2015/16 the practice had a 100% success rate in insulin initiation for patients diagnosed with diabetes.
- In the same period 71% of patients with asthma agreed to an annual review.
- In 2016 the practice led a pilot scheme to screen for latent tuberculosis amongst new patients and achieved an 80% screening rate with one previously undiagnosed case identified.
- 90% of patients with chronic obstructive pulmonary disease had a face to face review in the previous 12 months.
- An internal patient survey in 2016 demonstrated improvement in the health improvement knowledge of patients since 2014, which was reflective of the dedicated service provided by the practice. For example in 2016 96% of patients said the practice helped them to understand how to keep themselves healthy. This was

Are services effective?

(for example, treatment is effective)

an improvement of 35% since the 2014 survey. In addition, 85% of patients said the practice helped them to cope with their health problem. This was an improvement of 25% since 2014.

- In 2016 the practice identified they were an outlier in the locality for the documentation of smoking status. In response the team introduced a policy that each patient would have their smoking status documented. At the time of our inspection the practice had achieved 100% for every new patient and registered patient who had been seen in the previous 12 months.
- Patients were signposted to relevant services to meet their needs, such as to a smoking cessation advisor. Staff also provided signposting and referral for those at risk of developing a long-term condition and those requiring advice on their diet, drugs and alcohol cessation, patients over 75 years of age, and patients who were homeless.
- The practice flagged the computer records of patients who required additional support when attending the practice. This alerted staff to the specific individual needs of these patients when they presented at the reception counter.
- Staff maintained a register of patients with alcohol or drug addiction and worked with them to provide care in the practice as well as specialist reviews by local drug and alcohol liaison teams.
- Patients who were diagnosed with pre-diabetes were recalled annually for a full health and lifestyle review.

The practice's uptake for the cervical screening programme was 67%, which was lower than the CCG average of 78% and the national average of 81%. 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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for bowel cancer screening in the last 30 months was 40% compared to the CCG average of 40% and national average of 58%. The practice uptake for breast cancer screening for patients aged 50-70 in the last 36 months was 43% compared to the CCG average of 59% and national average of 72%.

Childhood immunisation rates for the vaccinations given were variable compared to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 82% in comparison to the national expected coverage of 90%. Average MMR immunisation rates for both doses was at 76% compared to the CCG average of 85% and the national average of 91%. The practice did not meet the 90% target in any of the four NHS England sub-indicators for children under the age of two and scored 8.2 out of 10 in this measure. The practice was aware the diverse multicultural nature of its population group meant parents were often reluctant to agree to immunisations for their children. To address this, the patient participation group and clinical staff provided information in the waiting room to try and educate patients and GPs discussed the importance of immunisations opportunistically.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 and 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Themes included the helpfulness of multilingual staff, the kind and caring nature of the team and individualised care. Six patients noted they felt it could be difficult to get an appointment. We spoke with the patient participation group chairperson about this who had worked with practice staff to improve access to appointments. They felt the practice had made significant improvements that were not yet reflected in published survey data.

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

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 71% of patients said the last GP they saw was good at giving them enough time compared to the CCG average of 78% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 86% and the national average of 92%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at giving them enough time compared to the CCG average of 82% and the national average of 92%.

- 71% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

We spoke with the chairperson of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They highlighted proactive communication and engagement from the practice team as notably positive elements of their relationship and said they always received feedback from suggestions they made. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required, including at home and by phone.

A sign at reception advised patients they could ask to wait in a different area of the building for their appointment if they wanted quiet space.

In addition to the national GP survey, the practice conducted an internal survey in March 2016 to identify if improvements had been made since the previous survey in 2014. In this survey 46% of patients said staff were very good at putting them at ease, a 38% improvement since 2014 and reflective of the recent change in staffing and team structure. In addition 76% of patients said staff were very good at treating them with politeness and consideration, which was a 31% improvement since 2014.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated people felt involved in decision making about their care. We also saw that care plans were personalised.

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.

Are services caring?

- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

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

- Translation services were available for patients who did not have English as a first language. The practice had access to a telephone translation service and interpreters were invited to the practice at the patients' request. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format on request.

The practice had developed care plans that enabled patients to be involved in their care. For example, the diabetes care plan enabled staff to document discussions and advice around diet and exercise. We looked at a sample of four care plans and found they included patient input.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 of its patient list as a carer, which represented less than 1% of all patients. An active carer group met quarterly with staff facilitation as part of a local initiative and carer's network to share experiences and provide mutual support. Carers were offered a seasonal flu vaccination and annual health checks. The practice also signposted carers to specialist and community support organisations depending on their individual needs. We spoke with a carer who told us the practice was responsive to their needs, including working around their home responsibilities to offer flexible appointments.

GPs liaised with Macmillan nurses and the palliative care team to support patients who needed end of life care. Where families suffered a bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) to secure improvements to services.
- The practice was in an area of significant deprivation, which included an unemployment rate of 12% compared with the national average of 5.2%. In addition, 27% of registered children were known to live in poverty, 25% of children were obese and life expectancy was seven years lower than the national average. The senior team recognised the practice also had a relatively high list turnover due to the transient nature of the local population. As a result the range of services and interventions offered were aimed at meeting the needs of local people, including those with unhealthy lifestyles or those at risk of developing long-term conditions.
- Staff maintained patient risk registers to identify the need for reviews and highlight condition-specific risks. This included for patients with alcohol and drug addiction, housebound patients, blind and deaf patients and those with conditions including hypertension, diabetes, epilepsy, osteoporosis, dementia, obesity and depression.
- The practice offered a range of additional services including cervical cytology, chlamydia screening, child health surveillance and minor surgery joint injections.
- All staff had undertaken specialist training as part of the practice's gold standard 'Pride in Practice' accreditation from the LGBT Foundation for providing safe and equitable services for lesbian, gay, bisexual and transgender patients. A dedicated noticeboard was in place in the waiting area that included targeted information such as cervical screening advice for gay women, access to healthcare advice for transsexual patients and cancer screening for gay and bisexual men.
- A 'kiddies corner' was available in the waiting room that included toys, child-friendly furniture and colouring materials. A notice also advised mothers that a private room was available for breastfeeding and a dignity screen was available in the waiting area.
- There were longer appointments available for patients with a learning disability and each patient was encouraged to undertake an annual review.
- Same day appointments were available for children and vulnerable patients.
- The practice invited all patients over 75 year olds to attend an annual health check, which included a medication review and offer of a home flu vaccination. To improve services to this group of patients, the practice invited a specialist community organisation to attend on the same day annual health-checks were held. The organisation provided a taxi service to patients who would find it difficult to travel and worked with practice staff to provide support with social care needs.
- The practice was able to refer patients with dementia or other mental health needs to an improving access to psychological therapies (IAPT) service.
- Patients were able to request an appointment with a male or female doctor. As the female GP was a sessional GP, their appointments were scheduled into the same times each week to provide consistency and reliability to patients.
- In response to patient demand a female GP had increased their weekly sessions. Where a male GP saw a patient who would only be examined by a female for cultural or religious reasons, they could refer to a female GP and offer the next available appointment whilst the patient was with them.
- Staff were trained to assess patients who attended appointments under the influence of alcohol or drugs to ensure they could be seen safely. This applied both to the patient's safety and the safety of the member of staff.
- Printed information was provided in the waiting area that was tailored to the specific needs of the location population. For example, information on diabetes and Macmillan cancer care was provided in multiple languages and information on bowel cancer screening had been translated into Bengali.
- The practice provided travel health and immunisation information in multiple languages for patients and their relatives who planned to travel to religious festivals outside of the UK. The information signposted them to organisations that offered specialist vaccines privately and the practice nurse ensured they documented any treatment with a personal travel record.
- Staff referred patients with deteriorating mental health to a local improving access to psychological therapies (IAPT) service or to a cognitive behavioural therapy service.

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

Pre-bookable appointments were available up to four weeks in advance and urgent appointment slots were released every 48 hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly lower than local and national averages.

- 51% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% national average of 76%.
- 44% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.
- The practice team had worked with the patient participation group to address the low scores and had implemented additional phone lines as a part of a new phone system and extended the hours reception staff were available as a result. The latest available survey results, quoted here, did not yet reflect these changes.

The practice had a system in place to assess:

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

The practice offered temporary registration for students, including for access to urgent appointments and sexual health screening.

The practice recognised the rate of wasted appointments by patients who did not attend without cancelling as a significant challenge. This affected patient feedback as the volume of wasted appointments meant patients who tried to pre-book often found they had a significant wait. In response, the practice manager implemented a pilot scheme in December 2016 whereby every booked patient was reminded of their appointment the day before by a phone call or text message. This resulted in a 22% reduction in wasted appointments and the practice planned to implement this on a rolling basis until the rate

was consistently lower. Each patient who did not attend a booked appointment received a letter from the practice that explained how they could cancel an appointment and the impact of not doing so on others.

The practice had developed online services to include booking appointments, ordering repeat prescriptions and accessing medical records.

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.
- The practice manager was the designated responsible person who handled complaints in the practice.
- We saw that information was available to help patients understand the complaints system including in the new patient leaflet in the waiting room. Information advised patients of alternative organisations to raise concerns if they were unhappy with the outcome of the complaint. These included the Parliamentary and Health Service Ombudsman and Healthwatch.

In the 12 months prior to our inspection the practice recorded seven complaints. This included verbal complaints made to staff. We looked at all seven complaints and found staff investigated them in detail. In each case the complainant received a detailed response and an invitation to meet the practice manager and other staff if appropriate. This was effective in resolving complaints that occurred due to miscommunication or misunderstanding. Actions and learning were identified in each case. For example, following a missed recommendation in a hospital discharge letter, a new process was implemented that meant GPs more closely reviewed discharge information and contact from consultants. In response to another complaint, a GP who provided care to patients with long-term conditions identified those unable to sit for long periods in the waiting room and ensured they were scheduled into early morning appointments that were less likely to be delayed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values and demonstrated these when providing care and services. The mission statement focused on providing individualised and integrated care to prevent disease and ensure early diagnosis.
- The practice vision focused on partnership working with patients and other health services to provide an evidence-based service.
- The practice had a strategy and business development plan for 2017 that included the continued strengthening of the team and holistic service provision.
- The practice had experienced significant changes in staffing and leadership in the previous 12 months, following the death-in-service of a GP and the retirement of a GP. As a result the immediate strategy of the practice was to maintain team coherence and ensure the sustainability of the service.

Governance arrangements

The practice had an overarching governance framework that 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. The practice was actively upskilling staff to ensure there was adequate cover in each role within the practice.
- The practice used a series of meetings to monitor clinical governance and quality assurance. The meetings involved all staff at a level appropriate to their role and responsibilities. This included a monthly practice meeting, a monthly meeting with local GPs and a daily safety huddle amongst all staff before the surgery opened. This was used to plan the day and ensure the necessary resources and support were in place.
- A comprehensive understanding of the performance of the practice was maintained. The practice had achieved a high score for QOF points and the exception reporting level was lower than the CCG and national averages.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- GPs and the practice manager attended a series of meetings as part of the clinical governance structure. This included a monthly locality meeting, a quarterly medicines management meeting and regular practice manager forums.

Leadership and culture

On the day of inspection staff demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They demonstrated how they prioritised safe, quality and compassionate care. Staff told us the partners were approachable, created an inclusive culture and took the time to listen. The practice manager was on site two days per week and a deputy manager was in place at all times. A policy was in place that enabled staff to contact the practice manager at any time for support, including when they were not on site.

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 culture of openness and honesty. 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.
- There was a clear leadership structure in place and staff felt supported by the senior team.
- Practice meetings were held monthly and each individual had the opportunity to contribute to the agenda in advance. In addition, the senior team held a bi-weekly staff social event that contributed to morale and motivation. Staff told us this had been particularly useful following a period of change in the practice.

Are services well-led?

Good 

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

- Staff spoke positively about monthly meetings and said they often discussed clinical and operational scenarios to help them learn from situations and develop their practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), which met bi-monthly. The PPG proposed and implemented improvements to the service as a result of feedback. For example, an armchair had been provided in the waiting room that provided a more comfortable environment for older patients or those less able to sit in an upright chair. The PPG had also worked with senior staff to implement better accessibility for appointments, including the installation of more phone lines and extended hours.
- The PPG was actively seeking new members and advertised the availability of a virtual group for those unable to attend meetings. PPG members were representative of the diverse patient population group, which meant they were able to consider services in relation to the needs of patients from different cultures and religions.

- The principal GP had introduced a specialist human resources employment organisation to provide guidance and training to all members of staff during a period of unplanned change and uncertainty. This provided staff with structured support in handling change, conflict and new working relationships following a series of concerns raised by patients.
- The practice gathered feedback from patients through a practice survey on an annual basis and reviewed comments from patients on public websites.
- The practice had gathered feedback from staff through regular team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had identified future staffing needs and engaged with an apprenticeship programme to ensure continuity. As a result an apprentice had achieved an internal promotion to the role of secretary and as a result the practice was recruiting for a second apprentice.

The PPG included members with experience of specialist diabetes services who were working with the practice team to increase diabetes services to meet the needs of the local population through dietary advice.

The mission statement, values, objectives and quality of care plan issued by the practice demonstrably focused on holistic, patient-centred care. This included the consistent priority that patients be empowered to manage their own health and were given structured guidance to improve their lifestyle. This formed part of the overall multidisciplinary approach to care that included continuous improvement in professional partnerships and patient relationships.