

Winchmore Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services 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	6
Areas for improvement	7

Detailed findings from this inspection

Our inspection team	8
Background to Winchmore Surgery	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

This inspection was an unannounced focused inspection undertaken on 27 September 2017. The inspection was carried out in response to concerns arising from information received by the Commission. This information included concerns around the management of patient related correspondence as well as concerns around how significant events were identified, recorded and investigated. There were also concerns around the number of GPs employed at the practice, patient access to GP appointments and other services and concerns that staff morale had been adversely affected by recent changes at the practice and was impacting on patient care.

This report covers our findings in relation to those concerns.

Overall the practice is still rated as good.

Our key findings were as follows:

- There were systems in place to ensure that patient correspondence was managed in a timely manner.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although a number of experienced GPs had left the practice in recent years, these were mostly due to planned retirements and the practice had been able to recruit salaried GPs who had trained at the practice to these vacancies.
- Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.
- Appointments were available on the day of the inspection and staff we spoke with told us that access to appointments was a strength of the practice.
- The practice offered extended hours on a Monday and Wednesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Summary of findings

- There was an open culture within the practice but not all staff we spoke with felt that their views were taken into account.
- Practice meetings were divided into clinical and non-clinical staff, some staff we spoke with told us the absence of whole practice meetings meant communications between clinical and non-clinical staff were not always effective.

However, there were also areas of practice where the provider should make improvements.

- Consider taking steps to improve communication between practice management and staff as well as between clinical staff and non-clinical staff.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services well-led?

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

Good



Summary of findings

- There was a clear leadership structure although some members of staff we spoke with told us they did not always feel supported by management.
- Staff told us that the practice held regular team meetings and we saw recorded minutes of separate clinical and non-clinical meetings. However some staff we spoke with told us they felt that the absence of whole practice meetings meant that communications between clinical and non-clinical staff were not always effective.
- There had been recent changes in staffing levels in the administration and reception teams and some members of staff told us they felt this had led to significant increases in individual workloads.
- It 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 this.
- The practice had a number of 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 had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



People with long term conditions

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

Good



Families, children and young people

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

Good



Working age people (including those recently retired and students)

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

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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Consider taking steps to improve communication between practice management and staff as well as between clinical staff and non-clinical staff.

Winchmore Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Winchmore Surgery

Winchmore Surgery is situated in Winchmore Hill, North London within the NHS Enfield Clinical Commissioning Group (CCG). The practice holds a Primary Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). The practice provides a full range of enhanced services including adult and child immunisations, facilitating timely diagnosis and support for people with Dementia, and minor surgery.

Detailed findings

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Treatment of disease, disorder or injury, Family planning, Surgical procedures, Diagnostic and screening procedures. The practice had a patient list of just over 16,800 at the time of our inspection.

The partners at the practice had recently commenced the management of Park Lodge Medical Centre, a separately registered GP practice with a patient list of approximately 7,000. At this inspection, we were told that the premises occupied by Park Lodge Medical Centre was scheduled to close permanently within two days and that patients

registered with that practice would in future access all services at Winchmore Hill Surgery. Staff previously employed at the separate location had been offered employment at Winchmore Hill Surgery.

The staff team at the practice includes five GP partners (three female and two male), four salaried GPs (two female and two male), one nurse practitioner who was also a nurse educator (female), and three practice nurses (female), two healthcare assistants (both female). The practice has one practice manager, one reception supervisor and fifteen administrative staff. All staff work a mix of full time and part time hours. The practice is a GP training practice with two trainee GPs at the time of this inspection. Winchmore Surgery is also a training location for practice nurses although there were no trainee practice nurses at the time of this inspection. The number of staff employed was due to increase very shortly after this inspection, when staff from Park Lodge Medical Centre transfer to Winchmore Surgery from 29 September 2017. This will include eight administrative staff and two salaried GPs.

The practice is open between 8.00am and 6.30pm Monday to Friday. Extended hours surgeries are offered on Monday and Wednesday evenings from 6.30pm to 8.00pm. The surgery is closed on Saturday and Sundays. To assist patients in accessing the service there is an online booking system, and a text message reminder service for appointments and test results. Urgent appointments are available each day and GPs also complete telephone consultations for patients. An out of hour's service provided by a local deputising service covers the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice website as well as through posters and leaflets available at the practice.

Detailed findings

The practice had a slightly lower percentage than the national average of people with a long standing health conditions (49% compared to a CCG average of 51% and a national average of 54%); and a lower percentage than the national average of people with health related problems in daily life

(47% compared to a CCG average of 46% and a national average 49%). The average male and female life expectancy for the Clinical Commissioning Group area was higher than the national average for males and in line with the national average for females.

The practice was previously inspected on 11 November 2015 and 22 February 2017. The inspection in November 2015 was a comprehensive inspection, whilst the inspection In February 2017 was an announced focused inspection undertaken to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in the November 2015 inspection. .

Why we carried out this inspection

We undertook a focussed, unannounced inspection of Winchmore Surgery on 27 September 2017 under Section

60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out in response to concerns arising from information received by the Commission.

How we carried out this inspection

We carried out an unannounced focused inspection of Winchmore Surgery on 27 September 2017. During our visit we:

- Spoke with a range of staff (three GPs, trainee GP, practice manager, practice nurse and five non-clinical staff members).
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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

In September 2017, we received information which included concerns around the management of patient related correspondence, including pathology results and referrals to other care providers. We were also told of concerns around how significant events were identified, recorded and investigated and concerns around fire safety.

When we inspected the practice on 11 November 2015, we rated the practice as requires improvement for providing safer services. We carried out a follow-up inspection on 22 February 2017, following which we rated the practice as good for providing safe services. At our inspection on 27 September 2017, we found the practice had maintained the service at this level and the practice is still rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented 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.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw details of an occasion when a patient had informed the practice that they had received a letter with a different patient's test request form attached. The practice had investigated the incident and found that when staff worked on more than one patient request at

the same time, there was a risk that mistakes could be made. Staff had been briefed to work on a single patient request at any one time. The practice had apologised to both patients.

- The practice also monitored trends in significant events and evaluated any action taken.

Safety systems and processes

We looked at the arrangements for managing medicines, including emergency medicines and vaccines, in the practice and found that these minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. 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. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber but did not carry out this function at this practice. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice had systems in place to ensure that pathology results were reviewed in a timely manner. Each GP at the practice had a 'buddy' GP who would review pathology results in their absence and take action where results were urgent or abnormal. The practice had a duty doctor system in place and this role included responding to urgent telephone calls from the pathology laboratory. We reviewed outstanding pathology results and found that on the day of the inspection, there were 305 items awaiting action in the practice inbox, all of which had been received within the previous five days. We were told that all of these items had been reviewed by a GP to ensure that abnormal results were identified quickly. There were no significant abnormal results in any of the items we looked at.

Are services safe?

- At this inspection we discussed processes in place to manage incoming patient correspondence. We were told that incoming patient correspondence was assigned to a patient's usual doctor or their buddy GP if they were away from the practice for a significant period. We were told that the provider was currently in the process of relocating Park Lodge Medical Centre, a separately registered practice, to this surgery premises and that Winchmore Surgery GPs had begun to provide care to these patients also. The practice explained that this had caused a backlog of correspondence but this related to Park Lodge Medical Centre and a plan had been put in place to reduce this backlog. At the time of this inspection, we noted that there were 27 items of unmanaged correspondence in the practice inbox, all but one of which had been received within the previous two days.
- There was a failsafe process in place to ensure urgent two week cancer referrals were followed-up. All urgent referrals were completed and sent electronically by qualified GPs, including any instances where the request was initially raised by a locum GP or trainee GP. There was a review system in place to ensure that all referrals had been received by the secondary care provider. The practice asked all patients who had been referred for urgent care to make contact if they had not received an appointment within two weeks. The practice had recently reviewed all urgent referrals and had identified two occasions in the previous two years where errors had occurred. These had been investigated and as a result, the practice had included an additional stage of following up every referral to confirm receipt. Neither of the two instances had led to harm to the patients involved.
- We reviewed details of the practice fire alarm log and noted that the fire alarm had been activated on four occasions in the previous three years and that the premises had been evacuated on each of these occasions. Records indicated that on three of the four occasions, the alarm had been activated in error, whilst one activation had involved an electrical fault. We saw evidence which showed that the practice had worked with a suitable contractor to investigate and correct the underlying electrical problem.
- 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).

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks and had processes in place to ensure these were checked regularly. We noted that during a recent check, the practice had found that an oxygen cylinder had developed a leak and this was replaced immediately. At the time of this incident, the practice had a second oxygen cylinder available and this had been checked and was found to be full and in working order.
- 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.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

Are services effective?

(for example, treatment is effective)

Our findings

In September 2017, we received information which included a concern that the practice had not recruited sufficient numbers of GPs to replace doctors who had left the practice.

When we inspected the practice on 11 November 2015, we rated the practice as good for providing effective services. At this inspection we found the practice had maintained the service at this level and the practice is still rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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.
- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs 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.

We asked the practice about current staffing levels and whether sufficient GPs were employed to meet the needs of patients. The practice told us that experienced GPs had retired, this was not unexpected, and that a number of GPs who had trained at the practice had subsequently joined that practice as salaried GPs. We were told that existing experienced salaried GPs had been invited to become partners in the practice and that similar to other practices, there was an ongoing recruitment initiative to attract qualified GPs to the practice. The practice told us they had a low use of locum GPs and rotas we looked at supported this. We were also told that the practice was actively seeking to recruit a prescribing pharmacist to the team to support GPs, for instance with the management of long term conditions and undertaking medicine reviews. We looked at the appointment system and noted that there were GP appointments available on the day of the inspection as well as on the following two days.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For instance, we noted that when patients who had been

Are services effective?

(for example, treatment is effective)

identified as frail were discharged from hospital, health care assistants proactively contacted them and provided an update to GPs. Information was shared between services, with patients' consent, using a shared care record. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 11 November 2015, we rated the practice as good for providing responsive services. In September 2017, we received information which included a concern that patients were experiencing significant difficulties accessing services, including GP appointments.

The practice had maintained services at this level when we inspected on 29 September 2017. The practice is still rated as good for providing responsive services.

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:

- The practice offered extended hours on a Monday and Wednesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability or complex medical conditions.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- In addition to extended hours appointments there were telephone consultations, online bookable appointments and an electronic prescribing service (EPS), and the over 40s health check to meet the needs of working age people. Patients could request repeat prescriptions online also.
- There was a duty doctor available to speak with patients who required urgent medical attention through a priority access phone line.
- Enfield Community Phlebotomy (Blood testing) service was located onsite.
- The Nurse Practitioner provided minor illness, minor ailments and telephone triage consultations.
- The facilities were accessible, there was a lift, hearing loop and access to British Sign Language (BSL) interpreters as well as translation services available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Extended hours surgeries were offered on Monday and Wednesday evenings from 6.30pm to 8.00pm. In addition to pre-bookable appointments that

could be booked up to three weeks in advance, urgent appointments were also available for people that needed them. There was a duty doctor every day that triaged patients to identify those who needed a home visit or to be seen urgently.

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and a national average of 76%.
- 67% patients described their experience of making an appointment as good compared to the CCG average of 66% and a national average of 73%.
- 51% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 56% and national average of 64%.
- 81% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 84%.
- 79% of patients said the last appointment they got was convenient compared to the CCG average of 75% and national average of 81%.

The GP patient survey showed that 72% of patients would recommend this surgery to someone new to the area compared to the CCG average of 71% and a national average of 77%.

We asked staff responsible for helping patients to make appointments if they were aware of any significant issues around access to the appointment system. All staff we spoke with told us that they felt that access to GP appointments was strength of the practice and that patients were usually able to get appointments at a time that suited them. We looked at the appointment system and noted that appointments were available with GPs and Nurses on the day of the inspection and for each of the three days following the inspection.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

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

We looked at two complaints received in the last six months and found they were dealt with in a thorough, open and timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 11 November 2015, we rated the practice as good for providing well-led services. In September 2017, we received information which included a concern that staff morale had been adversely affected by recent changes at the practice and there was a risk that this was impacting on patient care.

At this inspection, we found that although there were issues around staff morale, these related to internal employment matters and there was no evidence that these had affected the standard of care provided to patients. The practice is still rated as good for being well-led.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice informed us they would be taking over a neighbouring practice, both patients and staff and would be keeping separate patient lists.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly, but these were divided between clinical staff meetings and non-clinical staff meetings. These meetings provided an opportunity for staff to learn

about the performance of the practice although some staff we spoke with told us that the absence of whole practice meetings had impaired communications between clinical and non-clinical staff.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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 had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place. However, some members of staff we spoke with told us they did not always feel supported by management.

- Staff we spoke with told us that long serving staff members were employed under different conditions of employment than more recently employed staff. Some staff we spoke with also told us they felt this had adversely affected staff morale. For instance, there were differences in how individual members of staff were paid during periods of sick leave.. Some members of staff told us that as a result of this, they had attended work when they felt they were unfit to do so.
- Several members of staff we spoke with told us that there had been recent reductions in the number of staff employed in the administration and reception teams and this had led to significant increases in individual workloads.
- Staff told us that the practice held regular team meetings and we saw recorded minutes of separate

Are services well-led?

Good 

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

clinical and non-clinical meetings. However some staff we spoke with told us that the absence of whole practice meetings meant that communications between clinical and non-clinical staff were not always effective.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings but not all staff we spoke with felt that their views were taken into account.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis.
- The practice had also gathered feedback from staff through staff meetings, appraisal and discussions.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice has a strong strategic focus on improving health and social care outcomes for its patient population and is keen to develop the next generation of GP's and practice nurses through its training. For instance, the practice was involved in work to improve the monitoring of gestational diabetes in general practice.